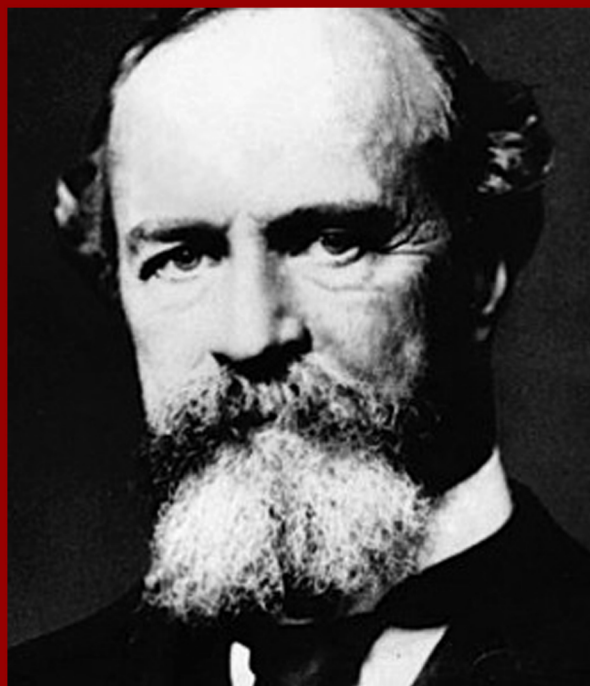




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



William James (1842-1910)

Editor in Chief:
Dr. Suresh M. Makvana
Editor:
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Dr. Suresh M. Makvana

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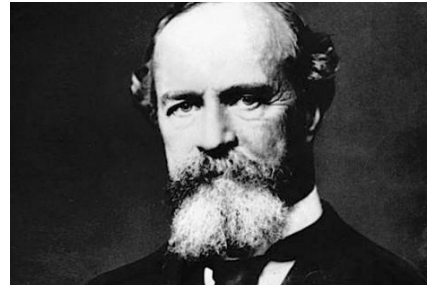


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Person of the Issue: William James (1842-1910)

Ankit Patel¹

Born	January 11, 1842 New York City, New York
Died	August 26, 1910 (aged 68) Tamworth, New Hampshire
Alma mater	Harvard University
Religion	Western Philosophy
Era	19th/20th century philosophy Pragmatism
School	Functional psychology Radical empiricism
Main interests	Pragmatism, psychology, philosophy of religion, epistemology, meaning



William James was an original thinker in and between the disciplines of physiology, psychology and philosophy. His twelve-hundred page masterwork, *The Principles of Psychology* (1890), is a rich blend of physiology, psychology, philosophy, and personal reflection that has given us such ideas as “the stream of thought” and the baby’s impression of the world “as one great blooming, buzzing confusion” (PP 462). It contains seeds of pragmatism and phenomenology, and influenced generations of thinkers in Europe and America, including Edmund Husserl, Bertrand Russell, John Dewey, and Ludwig Wittgenstein. James studied at Harvard’s Lawrence Scientific School and the School of Medicine, but his writings were from the outset as much philosophical as scientific. “Some Remarks on Spencer’s Notion of Mind as Correspondence” (1878) and “The Sentiment of Rationality” (1879, 1882) presage his future pragmatism and pluralism, and contain the first statements of his view that philosophical theories are reflections of a philosopher’s temperament.

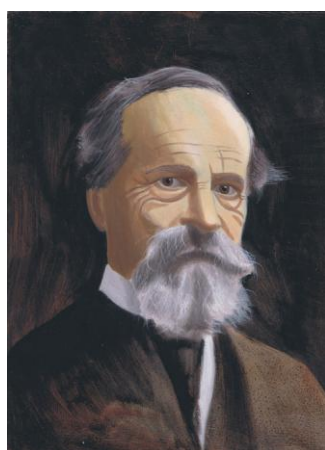
William James was born in New York City on January 11, 1842, into an intellectual household; his father was a philosopher and his brother, Henry James, grew up to become a renowned novelist. After medical school, James focused on the human psyche, writing a masterwork on the subject, entitled *The Principles of Psychology*. He later became known for the literary piece *The Will to Believe and Other Essays in Popular Philosophy*, which was published in 1897. James died on August 26, 1910, in Chocorua, New Hampshire.

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Person of the Issue William James (1842-1910)

James hints at his religious concerns in his earliest essays and in *The Principles*, but they become more explicit in *The Will to Believe and Other Essays in Popular Philosophy* (1897), *Human Immortality: Two Supposed Objections to the Doctrine* (1898), *The Varieties of Religious Experience* (1902) and *A Pluralistic Universe* (1909). James oscillated between thinking that a “study in human nature” such as *Varieties* could contribute to a “Science of Religion” and the belief that religious experience involves an altogether supernatural domain, somehow inaccessible to science but accessible to the individual human subject.

James made some of his most important philosophical contributions in the last decade of his life. In a burst of writing in 1904–5 (collected in *Essays in Radical Empiricism* (1912)) he set out the metaphysical view most commonly known as “neutral monism,” according to which there is one fundamental “stuff” that is neither material nor mental. In “A Pluralistic Universe” he defends the mystical and anti-pragmatic view that concepts distort rather than reveal reality, and in his influential *Pragmatism* (1907), he presents systematically a set of views about truth, knowledge, reality, religion, and philosophy that permeate his writings from the late 1870s onwards.



[Portrait of William James © Darren McAndrew 2014]

William was precocious, highly intelligent, aware that he had no need to earn a living, yet very competitive with brother Henry and determined to seek distinction. Showing some skill in drawing, he first studied painting as a pupil of the well-known artist William Hunt, but soon abandoned hopes of an artistic career. However, it's clear that he had a well-developed artistic sensibility, and his later writings show an emotional sensitivity and a gift for metaphor and picturesque description. It was equally clear that he sought a greater distinction than he felt his artistic gifts could guarantee. In the end he chooses to study medicine, enrolling in 1861 in the Lawrence Scientific School at Harvard to study chemistry and comparative anatomy.

James then entered Harvard Medical School in 1864, but, under no pressure to qualify in order to practice, and still unsure of what he really wanted to become, he interrupted his medical studies twice. In 1865 he joined the famous Harvard biologist Louis Agassiz on an expedition to the Amazon to collect specimens for a new zoological museum. After resuming his studies he took another break, partly because of ill health and partly because he wanted to study in Europe. He finally completed his medical degree in 1869, but never practiced medicine, having neither need nor inclination to do so. Yet James was far from being a dilettante – rather, he was the opposite; a man diligently seeking his true vocation, and in the process becoming a polymath.

He began to see a way forward, and in 1873 chose to accept a position as an instructor in physiology and anatomy at Harvard. James had become deeply interested in what he called ‘physiological psychology’ – the issue of how creatures of flesh and blood could relate to the spiritual world of their experiences, beliefs and culture. From that point on his intellectual interests began to cohere, and his intellectual horizons continually expanded, resulting in the publication of his masterwork on psychology in 1890. His deep and abiding interest in people –

Person of the Issue William James (1842-1910)

what they did, what prompted their actions, how they reasoned, and how they related to one another – had two major consequences. It meant he shifted emphasis in the emerging discipline of psychology from the theoretical to the practical; and it meant he sought a new form of philosophy that was based on human beings rather than on depersonalized metaphysical abstractions.

TIME LINE

1. 1842. Born in New York City, first child of Henry James and Mary Walsh. James. Educated by tutors and at private schools in New York.
2. 1843. Brother Henry born.
3. 1848. Sister Alice born.
4. 1855–8. Family moves to Europe. William attends school in Geneva, Paris, and Boulogne-sur-Mer; develops interests in painting and science.
5. 1858. Family settles in Newport, Rhode Island, where James studies painting with William Hunt.
6. 1859–60. Family settles in Geneva, where William studies science at Geneva Academy; then returns to Newport when William decides he wishes to resume his study of painting.
7. 1861. William abandons painting and enters Lawrence Scientific School at Harvard.
8. 1864. Enters Harvard School of Medicine.
9. 1865. Joins Amazon expedition of his teacher Louis Agassiz, contracts a mild form of smallpox, recovers and travels up the Amazon, collecting specimens for Agassiz's zoological museum at Harvard.
10. 1866. Returns to medical school. Suffers eye strain, back problems, and suicidal depression in the fall.
11. 1867–8. Travels to Europe for health and education: Dresden, Bad Teplitz, Berlin, Geneva, Paris. Studies physiology at Berlin University, reads philosophy, psychology and physiology (Wundt, Kant, Lessing, Goethe, Schiller, Renan, Renouvier).
12. 1869. Receives M. D. degree, but never practices. Severe depression in the fall.
13. 1870–1. Depression and poor health continue.
14. 1872. Accepts offer from President Eliot of Harvard to teach undergraduate course in comparative physiology.
15. 1873. Accepts an appointment to teach full year of anatomy and physiology, but postpones teaching for a year to travel in Europe.
16. 1874–5. Begins teaching psychology; establishes first American psychology laboratory.
17. 1878. Marries Alice Howe Gibbens. Publishes “Remarks on Spencer's Definition of Mind as Correspondence” in *Journal of Speculative Philosophy*.
18. 1879. Publishes “The Sentiment of Rationality” in *Mind*.
19. 1880. Appointed Assistant Professor of Philosophy at Harvard. Continues to teach psychology.
20. 1882. Travels to Europe. Meets with Ewald Hering, Carl Stumpf, Ernst Mach, Wilhelm Wundt, Joseph Delboeuf, Jean Charcot, George Croom Robertson, Shadworth Hodgson, Leslie Stephen.
21. 1884. Lectures on “The Dilemma of Determinism” and publishes “On Some Omissions of Introspective Psychology” in *Mind*.
22. 1885–92. Teaches psychology and philosophy at Harvard: logic, ethics, English empirical philosophy, psychological research.

Person of the Issue William James (1842-1910)

23. 1890. Publishes *The Principles of Psychology* with Henry Holt of Boston, twelve years after agreeing to write it.
24. 1897. Publishes *The Will to Believe and Other Essays in Popular Philosophy*. Lectures on “Human Immortality” (published in 1898).
25. 1898. Identifies himself as a pragmatist in “Philosophical Conceptions and Practical Results,” given at the University of California, Berkeley. Develops heart problems.
26. 1899. Publishes *Talks to Teachers on Psychology: and to Students on Some of Life's Ideals* (including “On a Certain Blindness in Human Beings” and “What Makes Life Worth Living?”). Becomes active member of the Anti-Imperialist League, opposing U. S. policy in Philippines.
27. 1901–2. Delivers Gifford lectures on “The Varieties of Religious Experience” in Edinburgh (published in 1902).
28. 1904–5 Publishes “Does ‘Consciousness’ Exist?,” “A World of Pure Experience,” “How Two Minds Can Know the Same Thing,” “Is Radical Empiricism Solipsistic?” and “The Place of Affectional Facts in a World of Pure Experience” in *Journal of Philosophy, Psychology and Scientific Methods*. All were reprinted in *Essays in Radical Empiricism* (1912).
29. 1907. Resigns Harvard professorship. Publishes *Pragmatism: A New Name for Some Old Ways of Thinking*, based on lectures given in Boston and at Columbia.
30. 1909. Publishes *A Pluralistic Universe*, based on Hibbert Lectures delivered in England and at Harvard the previous year.
31. 1910. Publishes “A Pluralistic Mystic” in *Hibbert Journal*. Abandons attempt to complete a “system” of philosophy. (His partially completed manuscript published posthumously as *Some Problems of Philosophy*). Dies of heart failure at summer home in Chocorua, New Hampshire.

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Self-Efficacy as a Predictor of Life Satisfaction among Undergraduate Students

Masaud Ansari¹, Dr. Kr. Sajid Ali Khan²

ABSTRACT:

In the present investigation an attempt was made to study the Self-efficacy, as a predictor of Life satisfaction among undergraduate students. A sample of 120 under-graduate students from Faculty of Social Science, AMU, Aligarh was drawn by using purposive sampling technique. General Self-Efficacy Scale–Hindi Version (GSE-H) developed by Jerusalem & Schwarzer (1992) and Satisfaction with life Scale developed by Diener, Emmons, Larsen, and Griffen (1985) were administered. For the data analyses Simple Linear Regression was applied. The findings of the present study showed that Self-efficacy and Life Satisfaction significantly correlated with each other and Self-Efficacy had its significant impact on Life Satisfaction among under-graduate students.

Keywords: *Self-Efficacy, Life Satisfaction and Under-Graduate Students.*

INTRODUCTION

Rational or background of the study

Self-efficacy considered as the ability to persist and a potential of person to succeed with a task and it affects every area of human endeavor. The undergraduate students are concern; they are at the crucial stage where they have to face several challenges related to their education and professional life as well. So, researcher considers this group of the population more important for the study of their life satisfaction, in terms of Self-efficacy as compare to other age group of the individuals.

Self-efficacy

Self-efficacy is the extent or strength of one's belief in one's own ability to complete tasks and reach goals Ormrod (2006). Self-efficacy affects every area of human endeavor. By determining the beliefs a person holds regarding his or her power to affect situations, it strongly influences both the power a person actually has to face challenges competently and the choices a person is most likely to make. These effects are particularly apparent, and compelling, with regard to behaviors affecting health (Luszczynska and Schwarzer, 2005). Self-efficacy is typically defined as a judgment of one's ability to organize and execute a particular type of performance (cf.e.g. Bandura, 1986, 1997). More specifically, it is a belief about whether one can produce certain actions. In other words, self-efficacy is exercising control over one's life (Bandura, 1986, 1997).

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²Associate Professor, Department of Psychology, Aligarh Muslim University, Aligarh.

Life satisfaction

Life satisfaction is the way a person evaluates his or her life and how he or she feels about where it is going in the future. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having a favorable attitude of one's life as a whole rather than an assessment of current feelings*.

Life satisfaction can reflect experiences that have influenced a person in a positive way. These experiences have the ability to motivate people to pursue and reach their goals (Bailey et al., 2007).

REVIEW OF LITERATURE

High efficacy beliefs are also related to the expansion of satisfying social relations that bring about life satisfaction to an individual (Bandura, 1997). Therefore, social quality of life and satisfaction with accomplishments should be high in self-efficacious individuals. Life satisfaction has been directly related to self-efficacy. Hampton's (2000) study of 100 Chinese individuals with spinal cord injuries found that self-efficacy was related to both the quality of life and the life satisfaction of the patients tested. Hampton (2000) found that "self efficacy and health status were significantly correlated with life satisfaction" (p. 69). Furthermore, "the major contributor to life satisfaction was self-efficacy, which had the highest partial correlation with life satisfaction after health status and demographic variables were controlled" (p. 70).

People generally avoid tasks where self-efficacy is low, but undertake tasks where self-efficacy is high. When self-efficacy is significantly beyond actual ability, it leads to an overestimation of the ability to complete tasks. On the other hand, when self-efficacy is significantly lower than actual ability, it discourages growth and skill development. Research shows that the optimum level of self-efficacy is slightly above ability; in this situation, people are most encouraged to tackle challenging tasks and gain experience (Csikszentmihalyi, 1997). The Self-efficacy, affects every area of human endeavor. By determining the beliefs a person holds regarding his or her power to affect situations, it strongly influences both the power a person actually has to face challenges competently and the choices a person is most likely to make. These effects are particularly apparent, and compelling, with regard to behaviors affecting health (Luszczynska & Schwarzer, 2005).

One of the most studied concepts of personality is big five model with dimensions of openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. In a research carried out by Deneve and Cooper in 1998, multiple studies were analyzed and certain personality questionnaires that linked subjective well-being (SWB) and personality measures. They found that neuroticism was the strongest predictor of life satisfaction and negative affect while the personality measure 'openness to experience' correlated equally to life satisfaction and positive affect. Amongst other personality traits chronotype has been consequently related to life

Self-Efficacy as a Predictor of Life Satisfaction among Undergraduate Students

satisfaction; morning oriented people (larks) showed higher life satisfaction than evening oriented individuals (owls). Where individuals are having a general self-efficacy belief they have some principal features in the way that the feeling of the ability to cope with difficulties. Certain stability in reactions towards stressful situations has been reached and a certain continuity of the feeling of this self-efficacy belief has been provided (Schwarzer, 1994; Schwarzer & Jerusalem, 1995).

Life satisfaction can reflect experiences that have influenced a person in a positive way. These experiences have the ability to motivate people to pursue and reach their goals. There are two emotions that may influence how people perceive their lives. Hope and optimism both consist of cognitive processes that are usually oriented towards the reaching of goals and the perception of those goals. Additionally, optimism is linked to higher life satisfaction whereas pessimism is related to symptoms in depression. According to Seligman (2002), the more happy people are, the less they are focused on the negative. They also tend to like others more, which creates an overall happiness which then correlates to a higher level of satisfaction with their life. Academic, social and self-regulatory self-efficacy beliefs seem to be particularly relevant for adolescents' life satisfaction, due to the influence that academic success, social competence and avoidance of risky behavior may exert in fostering desirable and satisfactory courses of life (Roeser et al., 1999 and Rubin et al., 2006).

Researchers was examined the predictive power of self-efficacy beliefs, the predictive power of academic achievement and peer acceptance. Indeed, both academic success and peer preference have been shown to be determinants of youth's satisfaction (Cheng and Furnham, 2002 and Kirkcaldy et al., 2004). While academic success is related to a more satisfying academic and professional career (Bandura, 1997 and Pajares, 2006).

OBJECTIVES:

- To see the relationship between Self-Efficacy and Life Satisfaction among undergraduate students.
- To examine the impact of Self-efficacy on life satisfaction among under-graduate students.

RESEARCH QUESTIONS:

- Is there any relationship between Self-Efficacy and Life Satisfaction among undergraduate students?
- Is there any impact of Self-efficacy on life satisfaction among under-graduate students?

METHOD

Sample

The sample of the study consisted of 120 Under-Graduate students (age range 18-22), selected from Faculty of Social Science, Aligarh Muslim University, Aligarh. A purposive sampling technique was used to select the participants of the study.

Tools

General Self-Efficacy Scale–Hindi Version (GSE-H)

General Self-Efficacy (GSE) scale was developed by Jerusalem and Schwarzer. He first developed originally the German version of this scale as 20-items and later he translated this scale into German to English and reduced 10-items (Jerusalem & Schwarzer, 1992). After a short period of time Sud (2002) also translated this scale from English to Hindi version. Therefore, general self-efficacy scale (Hindi version) consists of 10-items rated on four point rating scale with the response categories i.e. (1) not at all true, (2) hardly true, (3) moderately true, and (4) exactly true. For scoring, all the ten items are added to yield the final composite score with a range from 10-40. The reliability coefficient of the scale was found to be ranging between 0.76 to 0.90.

Satisfaction with Life Scale (SWLS)

The SWLS, which was developed by Diener, Emmons, Larsen, and Griffen (1985), contains five global items that were developed to assess an individual's satisfaction with life as a whole. The scale uses a 7-point Likert-type format that is as follows: strongly disagree (1), disagree (2), slightly disagree (3), neither agree nor disagree (4), slightly agree (5), agree (6), and strongly agree (7). The scores range from 5 to 35, the higher scores indicating more satisfaction with life. Hence, in terms of total scores, 5 to 9 indicates extremely dissatisfied with life, 10 to 14 indicates dissatisfied with life, 15 to 19 indicates slightly dissatisfied with life, 20 represents equally satisfied and dissatisfied with life, 21 to 25 indicates slightly satisfied, and 26 to 30 indicates satisfied with life, and 31 to 35 indicates extremely satisfied with life. Test-retest reliability and Cronbach's alpha were reported 0.82 and 0.87, respectively.

Procedure

The scales were administered on the Under-Graduate students individually, before distributing the respective tools good rapport was established and proper instructions were given to the participants and also ensured for confidentiality; after that questionnaires were given, participants were taken 10-20 minutes to give their complete responses on the measures and then the data were collected.

Statistical Analysis

In order to meet the research objectives Simple Linear Regression was applied.

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RESULTS AND DISCUSSION

The following contents represent the results of the study as well as discussion of the research findings.

Table-1: Represents Simple Linear Regression analysis, Self-efficacy as predictor of Life satisfaction among Under-Graduate Students.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.743 ^a	.552	.548	4.163
a. Predictors: (Constant), Self-Efficacy				

Table-1 represents the model summary indicating one predictor of the model, in which correlation between self-efficacy and life satisfaction was found to be $R = .743$ and $R \text{ Square} = .552$ which represents the actual contribution of self-efficacy to life satisfaction, the real covariance magnitude of predictor variable which contribute to criterion variable find out 55.2%.

Table-2: Showing the Coefficient details of Self-efficacy and Life satisfaction of Under-Graduate Students.

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-6.957	2.600		-2.676	.009
	Self-Efficacy	.984	.082	.743	12.063	.000
a. Dependent Variable: Life Satisfaction						

Table-2 indicates that self-efficacy significantly influence to the life satisfaction. The statistical value given in the above table indicate that $t = 12.063$ which is significant for the predictor variable.

The value of standardized coefficient (Beta) is .743 which indicates the degree of correlation between self-efficacy and life satisfaction. The relationship between these two variables represents linear correlation; it means that when self-efficacy increases life satisfaction also increases and when self-efficacy decreases life satisfaction decreases.

The first finding of the study showed that self-efficacy and life satisfaction significantly correlated with each other. A research conducted by Hampton (2000) reveals that Life satisfaction has been directly related to self-efficacy. Hampton's study of 100 Chinese individuals with spinal cord injuries found that self-efficacy was related to both the quality of life and the life satisfaction of the patients tested. He found that "self efficacy and health status were significantly correlated with life satisfaction". Furthermore, "the major contributor to life satisfaction was self-efficacy, which had the highest partial correlation with life satisfaction after health status and demographic variables were controlled".

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The second finding of the study indicates the significant impact of self-efficacy on life satisfaction. It is also reported by Bandura (1997), he found that High efficacy beliefs are also related to the expansion of satisfying social relations that bring about life satisfaction to an individual. Therefore, social quality of life and satisfaction with accomplishments expected to be high in self efficacious individuals. An individual who has high self-efficacy can deal with more challenging situations as compare to those who has poor self-efficacy. According to Seligman (2002), the more happy people less focused on the negative. They also tend to like others more, which creates an overall happiness which then correlates to a higher level of satisfaction with their life.

CONCLUSION

Consequently, it is concluded that self-efficacy has its major impact on life satisfaction where Life satisfaction can reflect experiences that have influenced a person in a positive way. These experiences have the ability to motivate people to pursue and reach their respective goals. It is found that, People generally avoid tasks where they perceive the self-efficacy is low, but undertake tasks where self-efficacy is high. When self-efficacy is significantly beyond actual ability, it leads towards an overestimation of the ability to complete tasks. It means that for the satisfaction with life self-efficacy must be enhance either as a student, academician or professional.

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A Comparative Study on Aggression and Emotional Intelligence among College Students of Rural and Urban Area

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ABSTRACT:

The study was conducted on 30 students of rural area and 30 of urban area were randomly selected from Chalisgaon and Pachora Talukas of Jalgaon District. The criterion measure chosen to test the hypothesis in this study was aggression inventory by M. K. Sultania (2006) and emotional intelligence scale by Dr. S. K. Mangal and Dr. Shubhra Mangal (2004). The data was collected through direct contact with the respondents. The findings revealed that there is no significant difference between Aggression level among rural and urban area students, the calculated 't' ratio was 0.148. There is significant difference between Emotional Intelligence among rural and urban area students, the calculated 't' ratio was 1.269.

Keywords: *Emotional Intelligence, Aggression, Urban and Rural.*

INTRODUCTION

Students Emotional Intelligence development is dependent on training and environment of their colleges, because of colleges are the most important background to develop Emotional Intelligence for students. Aggression is counted in negative emotion, because most of time due to aggression persons takes harmful decisions. Physical aggression, a type of direct aggression, has been shown to perpetuate itself, particularly when it starts during the elementary school years (Broidy et al., 2003). Emotional Intelligence development will help to control on aggression level of students. Some of the factors are affected on personal development which may be the causes of aggression.

Consequences Most young people experience some occasional relational victimization, and although it is distressing and painful, it may not be damaging in the long term. Ongoing or severe relational aggression, however, deserves a targeted, measured response because of the negative effects experienced by all those involved.

Victims Being a victim of relational aggression may result in peer rejection, social anxiety, loneliness, depression, a lowered sense of self-worth, and acting out behaviors (Crick, Casas, & Nelson, 2002). Physical fights at school often follow incidents of relational aggression that have already occurred between the students.

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Having a close friend may provide a buffer for students experiencing relational aggression, but if the relational aggression occurs between close friends, the consequences tend to be more severe and can include social anxiety, social avoidance, loneliness, psychological distress, difficulties with self-control, and acting out behaviors (Crick & Nelson, 2002).

Perpetrators Students who use relational aggression tend to have both internalizing difficulties (e.g., depression or social anxiety) and externalizing difficulties (e.g., disruptive behavior or poor impulse control) and tend to be consistently rejected by peers. But the tendency to use relational aggression depends on the social context, age, and reputation of the student. Psychosocial maladjustment may be a predicted outcome for both boys and girls who use relational aggression (Crick et al., 1999).

Emotional intelligence Adolescence is the most vulnerable stage to the emotional problems, they are not understand how to react in different emotional stages, thus teaching them about emotions and how they understanding with others as well as their dealings can be very supportive in their daily efforts and maintaining good relationships with relatives and society. Emotional intelligence is the ability to monitor one's own and others feelings and emotions, to discriminate among them and to use this information to guide one's own thinking and action (Salovey and Mayer 1990). Regarding the present emotional state of adolescents, Goleman (1995) cited that "there is a world-wide trend for the present generation to be more troubled emotionally than the last; more lonely and depressed; more angry and unruly; more impulsive and angry and more nervous and prone to worry."

OBJECTIVE

The main objective of the present study is to compare aggression and emotional Intelligence among college students on the basis of rural and urban area.

- (i) To study the difference between aggression of college students of urban and rural area.
- (ii) To study the difference between Emotional Intelligence of college students of urban and rural area.
- (iii) To study the difference between aggression and Emotional Intelligence of Boys and Girls college students of urban and rural area.

HYPOTHESIS:

- H1** There will be no significant difference between aggression level of urban and rural area students.
- H2** There will be no significant difference between Emotional Intelligence level of urban and rural area students.
- H3** There will be no significant difference between aggression level of Boys and Girls students of urban area.

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- H4** There will be no significant difference between aggression level of Boys and Girls students of rural area.
- H5** There will be no significant difference between Emotional Intelligence level of Boys and Girls students of urban area.
- H6** There will be no significant difference between Emotional Intelligence level of Boys and Girls students of rural area.

MATERIALS AND METHODS

Sample: The sample for the present study consisted of school going tribal adolescents of 18 - 25 years.

Sample Size: For selecting the sample a villages of Chalisgaon and Pachora taluka was purposively selected on the basis of availability of rural students of 18-25 years and availability of urban students from district level. 60 college students (30 Rural and 30 Urban) of 18-25 years were selected randomly.

TOOLS USED FOR DATA COLLECTION

- (i) **Aggressions Inventory (AI) (2006)** aggression in selected subjects was assessed by eight dimensional aggression inventory prepared by Sultania M. K. It comprise of eight aspects of aggression i.e. assault, indirect aggression, irritability, negativism, resentment, suspicion, verbal aggression and guilt. The reliability of this inventory is 0.67 while the validity is 0.45. Higher the score, higher the hostile aggression is the direction of scoring in this inventory.
- (ii) **Mangal Emotional Intelligence Inventory (MEII) (2004):** It was used to assess the emotional intelligence of the students, inventory prepared by Mangal S.K., Mangal Shubhra. A proper instruction was given to the students before distributing the questionnaire. Researcher observed them all and also helped them wherever they found difficulty. After they all replied and 30-40 min and returned the question booklet. The data were collected through the scoring table of the manual.

DATA COLLECTION

The selected subjects were approached by the investigator as per the convenience of the colleges. Firstly the subjects were asked to fulfill the required information in the appropriate columns of the Aggression scale. After that emotional intelligence inventory was given to the subjects in the classroom settings. The necessary instructions were given to the subjects and were asked to fill required information. The respondents were asked to read the inventory carefully and respond to each item. The total time allocated was 30-40 minutes.

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VARIABLES:

Independent variables:

Area: 1. Rural 2. Urban

Gender: 1. Girls 2. Boys

Dependent variables:

1. Aggression level

2. Emotional Intelligence level

ANALYSIS

H01 There will be no significant difference between aggression level of urban and rural area students.

Group	N	Mean	S. D.	't'	Remark
Urban	30	33.43	6.43	.148	N.S.
Rural	30	33.20	5.80		

* Significant at .05 Level

The above table no. '1' shows the descriptive statistics of the aggression level. The Mean of urban area students 33.43 and for rural area students 33.20, whereas for urban area students S.D. 6.43 and S.D. for rural area students 5.80, obtained t-value is .148 which is found significant at 0.05 level. Therefore, it can be concluded that the H01 "There will be no significant difference between aggression level of urban and rural area students." is selected.

H02 There will be no significant difference between Emotional Intelligence level of urban and rural area students.

Group	N	Mean	S. D.	't'	Remark
Urban	30	59.77	12.02	1.269	N.S.
Rural	30	63.43	10.29		

* Significant at .05 Level

The above table no. '2' shows the descriptive statistics of the personality. The Mean of urban area students 59.77 and for rural area students 63.43, whereas for urban area students S.D. 12.02 and S.D. for rural area students 10.29, obtained t-value is 1.269 which is found significant at 0.05 level. Therefore, it can be concluded that the H02 "There will be no significant difference between Emotional Intelligence level of urban and rural area students" is selected.

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H03 There will be no significant difference between aggression level of Boys and Girls students of urban area.

Group	N	Mean	S. D.	't'	Remark
Boys	30	33.53	6.90	.274	N.S.
Girls	30	33.10	5.23		

* Significant at .05 Level.

The above table no. '3' shows the descriptive statistics of the personality. The Mean of boys 33.53 and for girls 33.10, whereas for boys S.D. 6.90 and S.D. for girls 5.23, obtained t-value is .274 which is found significant at 0.05 level. Therefore, it can be concluded that the H03 "There will be no significant difference between aggression level of Boys and Girls students of urban area." is selected.

H04 There will be no significant difference between aggression level of Boys and Girls students of rural area.

*

Group	N	Mean	S. D.	't'	Significant
Boys	30	62.27	12.61	1.16	N.S.
Girls	30	60.93	9.88		

Significant at .05 Level

The above table no. '4' shows the descriptive statistics of the personality. The Mean of boys 62.27 and for girls 60.93, whereas for male S.D. 12.61 and S.D. for girls 9.88, obtained t-value is 1.16 which is found significant at 0.05 level. Therefore, it can be concluded that the H04 "There will be no significant difference between aggression level of Boys and Girls students of rural area." is selected.

H05 There will be no significant difference between Emotional Intelligence level of Boys and Girls students of urban area.

Group	N	Mean	S. D.	't'	Remark
Boys	30	25.90	5.12	4.61	N.S.
Girls	30	25.58	5.22		

* Significant at .05 Level

The above table no. '5' shows the descriptive statistics of the personality. The Mean of boys 25.90 and for girls 25.58, whereas for male S.D. 5.12 and S.D. for girls 5.22, obtained t-value is 4.61 which is found significant at 0.05 level. Therefore, it can be concluded that the H05 "There will be no significant difference between Emotional Intelligence level of Boys and Girls students of urban area." is selected.

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H06 There will be no significant difference between Emotional Intelligence level of Boys and Girls students of rural area.

Group	N	Mean	S. D.	't'	Remark
Boys	30	50.98	7.55	2.97	N.S.
Girls	30	49.46	7.38		

* Significant at .05 Level

The above table no. '6' shows the descriptive statistics of the Emotional Intelligence. The Mean of boys 50.98 and for girls 49.46, whereas for male S.D. 7.55 and S.D. for girls 7.38, obtained t-value is 4.61 which is found significant at 0.05 level. Therefore, it can be concluded that the H06 "There will be no significant difference between Emotional Intelligence level of Boys and Girls students of rural area" is selected.

DISCUSSION:

Aggression and Emotional Intelligence of among college students of Jalgaon District were not found significant. In some research findings are aggression is not only related to offending, but may also relate to emotional deficits that further complete the youth offender profile. In a sample of 88 detained adolescents (average age of 15.57), self-reported aggression was accurately predicted through measures of callous-unemotional traits, described as a lack of guilt and empathy, or a poverty in emotional expression. These measures also predicted self-reported violent delinquency and violent arrest records. Through a task that measured reactions to distressing stimuli, results demonstrated that deficits in response to visual depictions of distress correlated with the highest levels of aggression and of violent delinquency (Kimonis et al., 2007). Colleges are trying to developed their students personality and motivate them for assertive behaviour through developing their Emotional Intelligence. A good behaviour makes best relationship in society.

CONCLUSION:

The findings of the study revealed that college environment have a strong effect on developing students emotional Intelligence. The study also shows strong relation of aggression and emotional Intelligence. But in this research not found strong significant difference in emotional Intelligence of boys and girls as well as in their aggression level too. It may be the cause of most of colleges providing soft skills and personality development programmes which is help to learn assertiveness and control of their emotions and the same things were found that there is no significant difference in rural and urban area. The findings of the study may be helpful in better understanding for students, Psychologist, Educational counselors and also provide a practical guide for the educational Institutes.

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Personality Traits and Psychological Well-being among Youths of Rajkot District

Mohit M. Pandya¹, Nitin R. Korat²

ABSTRACT:

The purpose of present study was to find out correlation between the youths' Personality Traits and Psychological well-being. The said sample was 120 both males and females in equal numbers was selected through random sampling. Personality Traits Inventory & Psychological well-being Inventory are tailor-made instruments, having sufficient reliability and validity. For the purpose of analysis, The Karl-Pearson 'r' technique was used. Present study reveals the result that there is significant positive correlation between the youths' Personality Traits and Psychological well-being. The authors suggest that there is a need to explore the rural and the urban youths' correlation in the line of above study.

Keywords: *Personality Traits and Psychological well-being.*

INTRODUCTION

However, there has been the different point of views on the dimensions and definitions of the Big Five (Goldberg, 1993). A well-accepted personality dimensions include Emotional Stability, Extraversion, and Openness to Experience, Agreeableness, and Conscientiousness (Costa & McCrae, 1995; Goldberg, 1993; Judge et al., 2002; McCrae & Costa, 1989; Saucier, 1994). According to Goldberg (1993), Emotional Stability (ES) refers to those who are self-reliant, stable, and adaptable to new situations. This concept sometimes is called Neuroticism (Emotional Instability). Extraversion (E) is defined as those who are sociable, gregarious, assertive, and cheerful. Openness to Experience (O) refers to those who are curious, unconventional, and imaginative. Agreeableness (A) refers to those who have the tendency to be cooperative, generous, altruistic, and warm. Conscientiousness (C) is defined as those who are dependable, organized, persistent, and goal-oriented.

In short, thoughts, feelings, and behaviors that make a person different from another one is called "personality" (Levent, 2011:8). In this context, there are many research studies investigating personal characteristics that teachers should have, which illustrates the growing importance of personality traits.

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However, today, it is impossible to say that there is a consensus on the characteristics of an effective teacher (Çubukçu, 5zenbaş, Çetinbaş, Satı & Şeker, 2012-28). Research studies examining personality are generally based on big five personality theory. According to big five personality theory there are five dimensions of personality which are (1) neuroticism, (2) extraversion, (3) openness, (4) agreeableness, (5) conscientiousness (Bacanlı, İlhan, & Aslan, 2009:262). In this research the big five personality theory is used as a framework in order to investigate the participants– personality.

“Well-being is a positive and sustainable condition that allows individuals, groups or nations to thrive and flourish” (Huppert, Baylis and Keverne 2005). “A state of complete physical mental and social well-being and does not consist only of the absence of disease or infirmity” - World health organization (WHO-1948). The fundamental proposition of Ryff’s psychological well-being model was that subjective well-being (Diener, Lucas, & Oishi, 2002). wasn’t necessarily a condition for mental health (Robbins & Kliever, 2000). For example, a psychotic person might say being happy though psychologically distressed. Therefore, additional features are essential in evaluating psychological health (Robbins & Kliever, 2000).

The analysis of the factors associated with psychological well-being provides a means to understand precisely what it is. As Diener and Suh (2001) suggest, emotions are good predictors of psychological well-being. The purpose in this study was to examine the subjective perception that undergraduates have of psychological well-being on the basis of proposals from Ryff and Keyes (1995).

Psychological state of amputees is usually shattered, leading to a state of psychological un-wellness. Psychological well-being is a state of complete wellness in the mental status. Below the knee amputees experience a lot of negative feelings and expectations which are sometimes overt or covert. People with below the knee amputation experience anxiety and depression following amputation of the lower extremity, sometimes they experience low self-esteem, loss of interest in life and can become suicidal. These psychological reactions correlate significantly with age and marital status, and there is no correlation with level of amputation, mode of ambulation and indication for amputation (Mosaku et al, 2009).

METHOD: Study method is presented below.

OBJECTIVES: To check correlation between Personality Traits and Psychological well-being of Rajkot District youths.

HYPOTHESIS: There is no correlation between Personality Traits and Psychological well-being of Rajkot district youths.

SAMPLE:

The respondents of the present study 120 young people randomly selected from various Areas in Rajkot district. In present research the total sample consisted of 60 male and 60 female Rajkot district were chosen.

TOOLS:

1.PERSONALITY TRAITS TEST

The Big Five personality traits were operational zed as the pat- terns of people's behaviors. The International Personality Item Pool (IPIP) (Goldberg, 1999) was used to measure participant's behaviors. The scale reflects the five-factor model traits: Emotional Stability (Cronbach $\alpha = .71$); Extroversion (Cronbach $\alpha = .71$); Openness to Experience (Cronbach $\alpha = .70$); Agreeableness (Cronbach $\alpha = .66$); and Conscientiousness (Cronbach $\alpha = .70$). Participants were asked to rate how accurately each statement described their behaviors. The scale contains 50 items with a 5-point scale ranging from Very Inaccurate (1) to Very Accurate (5). For example, the items are: "carry out my plans", "respect others", "do not like art", "make friend easily".

2. PSYCHOLOGICAL WELL-BEING TEST

It was developed by Bhogle and Prakash (1995), was used to measure Psychological well-being. The questionnaire contains 28 items with true and false response alternative. It covers 13 dimensions of psychological well-being. The maximum possible score is twenty eight and minimum is zero. High score indicates high level of psychological well-being. The test – retest reliability coefficient is 0.72 and internal consistency coefficient is 0.84. The author has reported satisfactory validity of the questionnaire.

PROCEDURE:

In this research two test were administrated individually as well as on young people, which collecting data for the study before attempting the questionnaire the subjects were requested to read the instruction carefully and follow them in true spirits. While the data collection was completed then 'r' was used to check correlations.

RESULTS AND DISCUSSION

Table-1

Correlation calculation between Personality Traits and Psychological well-being of Rajkot district youths.

Sr. no.	Variables	N	df	r	Sig. Levels
1.	Personality Traits	120	118	0.58	0.01
2.	Psychological well-being	120	118		

We have seen the table no.1 the correlation between Personality Traits and Psychological well-being that 'r' value = 0.58, so we can say that there was significant correlation between the respondents Personality Traits and Psychological well-being. Here, the positive r value= 0.58, which was significant at 0.01levels.Hence, Hypothesis was rejected. It concluded that there was positive significance correlation between respondents Personality Traits and their Psychological well-being. It means that as Personality Traits increases the Psychological Well-being is Decreases.

CONCLUSION

The study presented in Rajkot district youths' Personality Traits and Psychological Well-being of which are connected to each other in check. Meaningful result was found. Variable moderately correlation was seen between the two. Thus, Youth Personality Traits and Psychological Well-being are correlated with each other moderately solid. Be the case.

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Attitude towards Sex Education among College Students

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ABSTRACT:

Sexuality is essential component of healthy element for young people. Sex education teaches our young ones about sexual intimacy, but also enlightens them on their reproductive systems, birth control, and sexually transmitted diseases. The purpose of this research is to examine the attitude of college students towards sex education. Subjects included 60 college students, 30 Rural and 30 urban students from Arts College in Gujarat State (India). The instrument used in this study is social attitude scale (measurement battery) towards sex education scale, had reliabilities of .56 to .87 on the dimension within the total scale. Data were analyzed using t-Test; findings indicated that students were supportive of sex education. Girls generally favored such education more compare to the boys. And same in the case of Urban and Rural also the urban students were found more favorable. It was also observed that those students who are matured and grown normally were having more favorable attitudes toward the concepts of sex education.

Keywords: *Attitude, sex education.*

INTRODUCTION

Attitude cannot be directly observed, but must be inferred from behavior, either from observation of an individual's responses to objects and other events or from his evaluative statement and other verbal expressions. It is difficult to observe the action of an individual in any direct, systematic way, although sometimes this approach is the only way of determining the significance an attitude has for a person. It is usually easier and more efficient to base such judgments on the individual's verbal-written or spoken-statements. This can be done through interview, but the task can be accomplished even more efficiently and precisely with paper-and-pencil scales and questionnaires.

Sex education is needful and necessary for our young ones. Being mindful of the exposure given to our young ones in school, in the media and among their peers, sex education teaches our young ones about sexual intimacy, but also enlightens them on their reproductive systems, birth control, and sexually transmitted diseases. It also exposes them to their gender identity, gender role, family role, body images, sexual expression (what it entails and how to tame it), intimacy and the marriage relationship.

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ATTITUDE TOWARDS SEX EDUCATION AMONG COLLEGE STUDENTS

An attitude is an expression of favor or disfavor toward a person, place, thing, or event (the attitude object). Prominent psychologist Gordon Allport once described attitudes "the most distinctive and indispensable concept in contemporary social psychology." Attitude can be formed from a person's past and present. Attitude is also measurable and changeable as well as influencing the person's emotion and behavior.

The purpose of this research was to examine of attitude of college students toward sex education.

OBJECTIVES

1. To study the attitude towards sex education among boy and girls college students.
2. To study the attitude towards sex education among urban and rural college students.

HYPOTHESES

1. There is no significant difference of attitude towards sex education among boy and girls of college students.
2. There is no significant difference between urban and rural college student as regards to attitude towards sex education.

METHODOLOGY

The study was descriptive survey type.

SAMPLE

A sample of 60 respondents was included in this survey. The respondents were selected from arts colleges located in palanpur (Gujarat state). The colleges were chosen by using a probability sampling. The sampling design employed was cluster sampling. The primary data were collected by means of questionnaires.

RESEARCH TOOLS

For this purpose the following test tools were considered with their reliability, validity and objectivity mention in their respective manuals.

1. Social Attitude Scale,(Measurement Battery),Revised and Standardized by Dr.A.S.Patel,Dr.Navin Patel and Dr.Dinesh Panchal(2004)

Research Variable:

- In depended Variable
 - Gender (Male – Female)
 - Area (Rural-Urban)

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- Depended Variable

To get Score on social attitude scale.

Statistical Techniques

‘t’ test technique was used to find the significance difference of attitude towards sex education among boys and girls, rural and urban of college students.

RESULTS AND DISCUSSION:

Table No.1 Showing ‘t’-Ratio of attitude towards sex education among boys and girls of college students.

Group	Attitude towards Sex education			‘t’
	N	M	SD	
Boys	30	72.26	11.93	1.03
Girls	30	75.3	10.93	

- Significant at 0.01 levels.(2.66)
- Significant at 0.05 levels.(2.00)

Table No.2 Showing ‘t’-Ratio of attitude towards sex education among rural and urban of college students.

Area	Attitude towards Sex education			‘t’
	N	M	SD	
Urban	30	77.1	11.62	2.38
Rural	30	70.46	9.93	

- Significant at 0.01 levels.(2.66)
- Significant at 0.05 levels.(2.00)

Table No.1 an attempt is made to find out the difference between boys and girls for college students groups on Attitude towards sex education with the ‘t’ test. The t-ratio of boys and girls

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groups on Attitude towards sex education is 1.03, which is not significant. It means boys college students groups do not differ significantly as compared to girls for college students groups on Attitude towards sex education score. There is no noticeable difference on mean score also. Boys $M=72.26$ and girls $M=75.3$. Thus it is clear that there is no significant difference between boys and girls for college students groups on Attitude towards sex education. It clearly indicates that boys and girls for college students have similar level of Attitude towards sex education. Result indicated the girl's college students have better positive Attitude towards sex education to compared boys college students. It means first hypothesis was accepted.

Table No.2 an attempt is made to find out the difference between urban and rural for college students groups on Attitude towards sex education with the 't' test. The t-ratio of urban and rural groups on Attitude towards sex education is 2.38, which is significant level at 0.05. It means boys college students groups differ significantly as compared to girls for college students groups on Attitude towards sex education score. There is noticeable difference on mean score also. Urban $M=77.1$ and Rural $M=70.46$. Thus it is clear that there is significant difference between urban and rural for college students groups on Attitude towards sex education. It clearly indicates that urban and rural for college students have not similar level of Attitude towards sex education. Result indicated the urban college students have better positive Attitude towards sex education to compared rural college students. It means second hypothesis was not accepted.

CONCLUSION

1. There is no significant difference between boys and girls for college students groups on Attitude towards sex education.
2. There is significant difference between urban and rural for college students groups on Attitude towards sex education.
3. Girl's college students have minor positive Attitude towards sex education to compared boys college students.
4. Urban college students have better positive Attitude towards sex education to compared rural college students.

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Effect of Parenting Style, Academic Environment and Gender on Feeling of Security-Insecurity in Adolescents

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ABSTRACT:

The present study was designed to explore the role of parenting style, academic environment and gender on feeling of security-insecurity in adolescents. For this purpose a sample of 160 Indian adolescents were selected through quota random sampling. A 2X2X2 factorial design was used to find out the effect of parenting style, academic environment and gender on feeling of security-insecurity in adolescents. Obtain raw data were analyzed through Mean, SD and ANOVA. The results indicate that the parenting style, academic environment and gender have significant effect on the feeling of security-insecurity in adolescents.

Keywords: Parenting Styles, Academic Environment, Gender, Feeling of Security-Insecurity, Adolescents.

INTRODUCTION

Adolescence is a transitional stage of physical and psychological human development that generally occur during the period from puberty to legal adulthood (Macmillan, 1981; Merriam-Webster, 2012; Medline Plus, 2013) and this transitional developments depends on various factors in which parenting style play a key role in development (Baumrind, 1991). Parenting is a complex activity that include many specific behaviors that work individually and together to influence child outcomes Baumrind (1991). Psychologist Diana Baumrind (1971, 1991), Maccoby & Martin (1983) identified four patterns of parenting styles based upon two aspects of parenting behavior: control and warmth. Authoritative parents are warm but firm. They encourage their adolescent to be independent while maintain limits and control their actions. Authoritative parents engage in discussions and debates with their adolescents. Research makes it clear adolescents of authoritative parents learn how to negotiate and engage in discussion. They understand their opinions are valued. As a result they are more likely to be socially competent, responsible and autonomous.

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Authoritarian display little warm and highly controlling. They are strict disciplinarians, use restrictive and insist that their adolescent follow parent's directions. Adolescents of authoritarian parents might display aggressive behaviors. Permissive parents are very warm but undemanding. As a result, adolescent may difficulty with self-control and demonstrate egocentric tendencies that can interfere with proper development of peer relations. Uninvolved parents are not warm and not to place any demands on their teen. As a result adolescent generally show impulsive patterns of behavior. These four different type of parenting effect the development of personality. Security-insecurity are two aspects which is highly determine by the personality of adolescent. Security is a state of freedom from any kind of danger to life while insecurity can be defined as emotional instability, feeling of rejection, inferiority anxiety, isolation, jealousy, hostility, irritability in consisting and tendency to accept the worst general permission or unhappy".

METHODOLOGY:

Objectives:

1. To study the effect of parenting style on felling of security-insecurity in adolescents.
2. To study the effect of academic environment on felling of security-insecurity in adolescents.
3. To study the effect of gender on feeling of security-insecurity in adolescents.
4. To study the interaction effect between parenting style and academic environment on feeling of security-insecurity in adolescents.
5. To study the interaction effect between parenting style and gender on feeling of security-insecurity in adolescents.
6. To study the interaction effect between academic environment and gender on feeling of security-insecurity in adolescents.
7. To study the interaction effect among parenting style, academic environment and gender on the feeling of security-insecurity in adolescents.

HYPOTHESES:

Following hypotheses were formulated for empirical verification in connection with the fulfillment of the objectives of the present study.

- | | | | | |
|--------------------------------|---|-----------------------------------|---|---|
| 1. Parenting Style (Positive) | – | Parenting Style (Negative) | = | 0 |
| 2. Academic Environment (CBSE) | – | Academic Environment (U.P. Board) | = | 0 |
| 3. Gender (Male) | – | Gender (Female) | = | 0 |
| 4. Parenting Style | X | Academic Environment | = | 0 |
| 5. Parenting Style | X | Gender | = | 0 |
| 6. Academic Style | X | Gender | = | 0 |
| 7. Parenting Style | X | Academic Environment X Gender | = | 0 |

DESIGN OF THE STUDY:

A 2X2X2 experimental design was employed in the research. The first independent variable of the study was parenting style which was consisted of two groups, i.e. positive parenting style and negative parenting style. The second independent variable of the study was the academic environment that was varied at two levels, i.e. CBSE and U.P. Board. The third independent variable of the study was gender- consisted i.e. male and female. The dependent variable of the study was feeling of security-insecurity in adolescents.

Sample:

In the present research sample was consisted of 160 male and female adolescent students studied in XI and XII class at various CBSE and U.P. Board Colleges in Delhi NCR region. Subjects with the average age of 21 years were selected through quota-cum random sampling. Out of total subjects N=160; 80 subjects were selected who got positive parenting style and rest of 80 subjects got negative parenting style. Total sample of positive and negative parenting style groups was further divided into two sub groups (N=40 in each group) i.e. CBSE and U.P. Board, further divided in two sub groups (N=20) male and female.

Tools:

In this study following tools were used for the measurement of variables under the study

Personal data schedule:

Personal data sheet was prepared to collect the information about academic environment as positive and negative, class, age, gender, college name, etc.

Parenting style scale:

Parenting style scale has been used to measure the positive and negative parenting styles of parents of adolescent subjects. This scale was constructed by Dr. C.P. Khokhar (Gurukul kangri University, Haridwar) consisting a total 56 items divided into 7 dimensions (four positive and three negative). The test-retest reliability of the scale for both positive and negative dimensions was respectively 0.58 and 0.87 whereas the split-half reliability of the scale for both positive and negative dimensions was respectively 0.62 and 0.92. The construct validity of the scale for both positive and negative dimensions was found respectively 0.67 and 0.72.

The Security-insecurity scale:

Security-insecurity scale (Hindi version) originally was constructed by Govind Tiwari. This scale consisting a total 70 items including positive and negative. The split-half reliability of the scale was found 0.67. The test-retest reliability of the scale was found 0.73. The face validity of the scale was found 0.67.

Effect of Parenting Style, Academic Environment and Gender on Feeling of Security-Insecurity in Adolescents

RESULT:

Findings of the present study were presented in table-1.

Table 1: Summary of ANOVA

Source of variance	Ss	Df	MS	F
A	46240	1	46240	304.21**
B	13359.02	1	13359.02	410.16**
C	6969.60	1	6969.6	213.98**
AB	4389.03	1	4389.03	134.76**
AC	756.90	1	756.90	23.24**
BC	87.02	1	87.02	2.67
ABC	403.23	1	403.23	12.38**
Error	4951.1	152	32.57	

*Significance at .05 level. **Significance at .01 level.

***A group represent parenting style, B group represent academic environment, and C group represent gender of the subject.

Table 2: Mean Scores

(A) Parenting Style:

Dimensions of parenting style	Mean scores	Difference
Positive	157.90	136.00
Negative	293.90	

Effect of Parenting Style, Academic Environment and Gender on Feeling of Security-Insecurity in Adolescents

(B) Academic Environment:

Dimensions	Mean Scores	Difference
C.B.S.E. Board	189.35	76.10
U.P. Board	262.45	

(C) Gender:

Type of gender	Mean Score	Difference
Male	199.50	22.50
Female	252.30	

DISCUSSION:

A look at the table-1 showing F-ratio of variable ^(A) parenting style, i.e. positive and negative was found to be [F-160(1,152), 304.21, $P < 0.01$] which was found significant at 0.01 level of significance. It means parenting style was an effective variable in influencing feeling of security-insecurity of adolescents. The mean values for positive and negative parenting styles was respectively 157.90 and 239.90 (difference was 136.00) ; it means who got positive parenting style feel more secure than who got negative parenting style. F-ratio of the variable ^(B) academic environment, i.e. U.P. board and C.B.S.E. board was found to be [F-160(1,152), 410.16, $P < 0.01$] which was found to be significant at 0.01 level of significance. It means academic environment was an effective variable in influencing feeling of security-insecurity of adolescent. The mean values for academic environment i.e. U.P. board and C.B.S.E. board was respectively 262.45 and 189.35 (difference was 73.10); it means C.B.S.E. board student feel more secure than the U.P. board students so it can be said that academic environment has positive effect on the feeling of security-insecurity in adolescents. F-ratio of the variable ^(C) gender i.e. male and female was found to be [F-160(1,152), 213.98, $p < 0.01$] which was found to be significant at 0.01 level of the significance. It indicates that the gender was an effective variable for influencing feeling of security-insecurity in adolescent. The mean value for the gender i.e. male and female was respectively 199.50 and 252.30. This indicated that male adolescents feel more secure than the female adolescents.

Effect of Parenting Style, Academic Environment and Gender on Feeling of Security-Insecurity in Adolescents

A look at the table-1 showing the interaction effect between the variable ^(AXB) was found to be [F-160(1,152), 134.76, $p < .01$] which indicated that the interaction between parenting style and academic environment (AXB) was found to be effected on feeling of security-insecurity in adolescent at 0.01 level of significance. The interaction effect between the variable ^(AXC) was found to be [F-160(1,152), 23.34, $P < .01$] which indicated that the interaction between the parenting style and gender (AXC) was found to be effected on feeling of security-insecurity of adolescence at 0.01 level of significance. The interaction effect between the variable ^(BXC) was found to be [F-160(1,152) 2.67, $P > .05$] which indicated that the interaction between the academic environment and gender was not found to effected on feeling of security-insecurity of adolescent at 0.05 level of significance. The interaction effect among variable ^(AXBXC) was found to be [F-160(1,152) 12.38, $P < .01$] which indicated that the interaction among all the three variables parenting style, academic environment and gender (AXBXC) was found to be effected on feeling of security-insecurity of adolescents.

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Study of Time Orientation and Wellbeing in Old Age

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ABSTRACT:

The present study aimed at exploring time perspective in relation to psychological wellbeing among 90 subjects belonging to 3 different age categories. The time perspective questionnaire (Zimbardo & Boyd, 1999) and psychological wellbeing questionnaire (Bhogle et al, 1995) were administered to a sample of 90 (30- Adolescence, 30-Middle Age and 30-Old Age). Data were analyzed with the help of one - way ANOVA and correlation. The results indicated significant differences across 3 age levels in past negative and future areas of time perspective. In past negative area of time perspective the older generation has obtained significantly higher mean than the other two age groups. In future time perspective the younger generation has obtained significantly higher mean. The result also found no significant corelationship between time perspective and wellbeing.

Keywords: Time orientation, Wellbeing, Adolescence, Middle Age, Old Age.

INTRODUCTION

Although Einstein's theory of relativity established the subjective nature of the physical phenomenon of time, the significance of the psychological interpretation of this relative phenomenon has been a source of controversy among philosophers, psychologists and physical scientists. William James championed the concept of time as so central to psychology that he devoted an entire chapter to "time perception" in The Principles of Psychology. With the later behaviorist revolution came a restricted focus on the behavioral consequences of time-based experiences. This narrow view was rejected of time-based experiences. This narrow view was rejected by Kurt Lewin, whose views are more compatible with those of existential philosophers. Lewin's life space model included the influence of both the past and the future on current behavior. Lewin defined time perspective (TP) as "the totality of the individual's views of his psychological future and psychological past existing at a given time". Contemporary social-cognitive thinking, as represented in Albert Bandura's self-efficacy theory, advances a tripartite temporal influence on behavioural self-regulation as generated by efficacy beliefs grounded in past experiences, current appraisals and reflections on future options.

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Study of Time Orientation and Wellbeing in Old Age

Behavioral gerontologist Laura Carstensen and her colleagues have proposed that the perception of time plays a fundamental role in the selection and pursuit of social goals with important implications for emotion, cognition and motivation. Wellbeing is one of cherished goals of humanity. It refers to state of optimal psychological functioning and experience and defines an idea of “good life”. The concept of wellbeing is acknowledged by WHO to be intrinsic to health and to have physical, mental and social dimensions, in the minds of many it is a more explicit recognition that health can be very more than absence of disease or disability. Growth in field of subjective wellbeing (SWB) reflects larger societal trends concerning the individual value, importance of subjective views of evaluating life and recognition that wellbeing necessarily includes positive elements that transcends economic prosperity. The purpose of the study is to find out the past, present and future experiences among adolescence, middle age and old age. People in the society are not aware much regarding the past, present and future experiences among these groups. People generally avoid old age group as if they are useless, not competent and also thinking that they are at the last stage of life (Bowen & Skirbekk, 2013). The present study will enlighten about this issue whether it is because of past negative experiences or present or future negative experiences by comparing with adolescence and middle age groups. This study will help to get an idea to policy makers that there is an urgent need to take care of old age groups in improving their negativity in all the domains of past, present and future perspectives.

METHODOLOGY

Objective: To assess the time perspective and psychological wellbeing across three age group levels.

Sample Size:

A total of 90 subjects were selected for the study. Thirty adolescents, thirty middle age and thirty old age persons constituted the sample.

Design:

One way ANOVA was used. The study has one independent variable with three age group levels namely: adolescence, middle and old age. Correlation was used to find out the relationship between time perspective and psychological wellbeing.

Tools used:

1. Time perspective questionnaire by Zimbardo and boyd (1999)

It comprises of 56 items based on five time perspective dimensions. It is a 5 point rating scale and scoring can be done by adding each item score. Scoring for questionnaires: 9, 24, 25, 41 and 56 are reverse scored. It is easy to administer and score with a clear replicable factor structure, reasonable subscale reliabilities and demonstrated validity. The 5 factors of the

Study of Time Orientation and Wellbeing in Old Age

Zimbardo Time perspective Inventory were established through exploratory and confirmatory factor analysis and demonstrate acceptable internal and test-retest reliability. Convergent, divergent, discriminant and predictive validity are shown by correlational experimental research supplemented by case studies.

2. Psychological well being questionnaire by Bhogle and Prakash (1995)

This questionnaire consists of 28 items. It includes items related to health, marriage, peer relations, social support, satisfaction with others and self esteem. The responses are dichotomous and are framed in yes or no format. The total score gives the estimation of the psychological wellbeing i.e. higher the score, higher the psychological wellbeing. The test-retest consistency coefficient is 0.84. This test has satisfactory validity of the questionnaire.

Procedure:

The subjects were contacted individually for the purpose of the study. Proper rapport was established with the subjects. The middle and old persons were contacted in their home in east of kailash, Delhi and they were asked to fill up the questionnaires. The adolescents were contacted in Sri Aurobindo College and they were asked to fill up the questionnaires. Instructions were explained to the participants and they were asked to give true and honest responses.

RESULTS:

Table-1: One way ANOVA for different Factors of Time Perspective of all groups.

Dimension		Sum of Squares	Df	Mean Square	F
Past Negative	Between Groups	77.35	2	38.67	4.48**
	Sources of Variance	750.96	87	8.63	
	Total	828.32	89		
Past Positive	Between Groups	16.08	2	8.04	0.51
	Sources of Variance	1358.36	87	15.61	
	Total	1374.45	89		
Present Fatalistic	Between Groups	35.26	2	17.63	1.20
	Sources of Variance	1273.23	87	14.63	
	Total	1308.50	89		
Present Hedonistic	Between Groups	51.80	2	25.90	1.76
	Sources of Variance	1276.30	87	14.67	
	Total	1328.10	89		
Future	Between Groups	135.02	2	67.51	4.78**
	Sources of Variance	1227.46	87	14.10	
	Total	1362.48	89		
Total	Between Groups	92.07	2.00	46.03	0.40
	Sources of Variance	10020.33	87.00	115.18	
	Total	10112.40	89.00		

* $p < .05$ ** $p < .01$

Table shows that the data was analyzed using one way ANOVA for different factors of time perspective. The summary table shows that the older age group differs significantly at past negative ($F = 4.48$, $P < 0.01^{**}$) and future ($F = 4.78$, $P < 0.01^{**}$) from the rest of the two age groups.

Study of Time Orientation and Wellbeing in Old Age

Table-2: One Way ANOVA for Psychological Well-being of all groups.

Dimension		Sum of Squares	Df	Mean Square	F
Psychological Wellbeing	Between Groups	0.82	2	0.41	0.03
	Sources of Variance	1044.16	87	12.00	
	Total	1044.98	89		

* $p < .05$ ** $p < .01$

Table shows summary of the one way ANOVA for psychological wellbeing. The result found no significant difference.

Table-3: Relationship between Dimensions of Time Perspective and Psychological Well-being of all groups.

Dimension of Time Perspective	Psychological Well-being
Past Negative	-0.10
Past Positive	0.02
Present Fatalistic	0.02
Present Hedonistic	-0.06
Future	0.03
Total	-0.03

* $p < .05$ ** $p < .01$

Table shows relationship between dimension of time perspective and psychological wellbeing of all three groups as a whole. The result found significantly not correlated.

Table-4: Relationship between Dimensions of Time Perspective and Psychological Well-being (Adolescent)

Dimension of Time Perspective	Psychological Well-being
Past Negative	0.02
Past Positive	0.01
Present Fatalistic	0.08
Present Hedonistic	0.11
Future	0.10
Total	0.11

* $p < .05$ ** $p < .01$

Table shows relationship between dimensions of Time Perspective and Psychological Well-being for adolescents. The result found no significant correlation.

Table-5 shows relationships between dimensions of Time Perspective and Psychological well being (Middle Age)

Dimension of Time Perspective	Psychological Well-being
Past Negative	-0.28
Past Positive	-0.20
Present Fatalistic	-0.13
Present Hedonistic	-0.15
Future	-0.01
Total	-0.28

* $p < .05$ ** $p < .01$

Table shows the relationship between time perspective and psychological wellbeing. The result found negatively related to all dimensions.

Table-6: Relationship between Dimensions of Time Perspective and Psychological Well-being (Old Age).

Dimension of Time Perspective	Psychological Well-being
Past Negative	-0.03
Past Positive	0.20
Present Fatalistic	0.12
Present Hedonistic	-0.09
Future	-0.01
Total	0.08

* $p < .05$ ** $p < .01$

Table shows that the relationship between dimensions of time perspective and psychological well being. The result found significantly not related.

DISCUSSION:

The result showed the older age group differs significantly at past negative and future in the dimension of time perspective which means the old age population has more negative past experiences and poor future ideas than middle age population and adolescent population. This may be because old age populations are having less skill with new technologies. Moreover, their ways of coping with stressors are outdated and as a result they are depressed. So, people in the society don't like them. Therefore, old age population were having negative past experiences and also poor future perspectives. Supportively, Rudolf (2007) , found out that older adults have poor coping skills with stress and the individual experiences more chronic stressors and favour avoidance coping were more likely to be depressed and have late life drinking problem. Singh (2009) found out that old age people experience loneliness and depression either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities. Desmyter and Raedt (2012) found out that older persons with a past negative perspective were more likely to experience negative affect and depressive feelings, along with a lower level of positive affect and satisfaction with life.

SUMMARY AND CONCLUSION:

The present study aimed at exploring time perspective in relation to psychological wellbeing. A total of 90 subjects were selected for the study. These includes thirty adolescents (N=30), thirty middle -age (N=30) and thirty old -age (N=30). The subjects were contacted individually for the purpose of the study. Thus, one - way ANOVA and correlation were used. The tools used were the Time perspective Questionnaire by Zimbardo and Boyd (1999) and the Psychological wellbeing Questionnaire by Bhogle and prakash (1995). The result found older age group has significantly more negative past experiences and poor future ideas than middle age population and young adolescent population.

From this study it can be concluded that old age is the stage of life where negative experiences are prominent and also has poor future ideas. This is the stage where relatives and people surroundings neglected them as if they are use for nothing and so on. Their wellbeing is doubtful.

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A Comparative Study of Aesthetic, Economic and Political Values of Undergraduate Students

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ABSTRACT:

This study focused on, three out of six basic interests/ motives in personality: Aesthetic, Economic and Political values- of 300 undergraduate male & female students, studying in Fine-Arts and Business Administration streams. The sample was equally distributed among two of the streams and gender. Two way Analysis of Variance as a part of statistical analysis was employed, in order to examine the role of values. Results indicated that, students of Fine-Arts stream had significantly greater Aesthetic value than Business Administration students and Aesthetic value was also seen higher in females than males. It was also found that Economic value was greater in Business Administration students as compared to Fine-Arts students and it did not differ at gender level. Lastly, there was no significant difference observed in terms of Political value, concerning two of the streams; however male students seemed to have higher Political Value than female students.

Keywords: Values, Aesthetic Value, Economic Value, Political Value, Undergraduates.

INTRODUCTION:

For millennia, philosophers, sociologists, psychologists, and others have tried to figure out just exactly what values are. We have them; all humans do. The word comes from the Latin “valeo”, which means- to be strong. Values can be likened to roots that keep a tree upright and anchored against the onslaught of the elements. Our values steady us against the maelstrom of everyday life. *Values are defined broadly as ‘the principles and fundamental convictions which act as general guides to behavior, the standards by which particular actions are judged as good or desirable (Halstead and Taylor, 2000).*

In 1931, psychologist Gordon Allport came up with a list of what he called traits, what we would now call values, easily recognized consistencies that are unique to you and define your life. Allport also devised six categories of values: (1) Theoretical: truth; (2) Economic: usefulness; (3) Aesthetic: harmony and beauty; (4) Social: love; (5) Political: power and leadership; (6) Religious: unity or moral excellence.

According to a study examined by Allport K: Vernon, 1931; Super, 1969, values have been related to interests and other motivational notions, and used to explain differences in people’s occupational behavior, in particular vocational choice. Other findings indicate that personal values do influence human behavior and the way of living (England 1975, Rokeach 1973, Singhapakdi and Vitell 1993, Guth and Tagiuri 1987, Fritzsche 1995, Finegan 1994, Eaton and Giacomino 2000, 2001).

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The psychological point of view classifies values into implicit values which are internal values and explicit values which are so clearly verbalized that others can make judgments about them (Mahjabeen, and Mozumder, 2000). In a cross cultural study, Karim (1990) observed that age, sex and cultural differences between Indian and Bangladeshi adolescents' affects political, religious and aesthetic values. Cross cultural model of values indicates that values are self-imposed criteria that balance between individual needs, the coordination of social interaction, and group survival.

Differences in religious, economic and political values have also been recorded between ingoing and outgoing university students by Rahman and Wadud (1983). The college/university honors students had higher economic and aesthetic values (Karim, and Rahman, 2001). Between Hindu and Muslim students similar findings were found by Khanam (1993). Moeed & Murshad (1986) noticed the change of values as a result of the education system of the university. Their findings indicate differences between the male & female students in theoretical & aesthetic values. Timmer & Kahle (1983) have also stated that individual's age, sex, race, and social-class were highly correlated with value selection. Mohsin (1955) and Chowdhury's (1958) study on culture produced results which showed the values changed with the change in profession. Zaman (1973) compared the values of teachers and students and found significant changes of values between two generations. Dunn, Bliss, & Siipola (1958), examined the effect of values on associative patterns and concluded that individual value can constitute a "critical determinant" of cognitive processes; MacKinnon (1964), reported that creative architects and scientists were high in Aesthetic values. In a Study of Values Adjusted for Sex and Variability Differences, by Stanley, Julian C. (1953), women were observed being more religious, aesthetic, & social and men being more theoretical, political & economic.

The above literature shows that values affect both individuals' well-being and the well-being of others. And it also helps the learner to adjust with the society. In the light of the previous findings it can be said that people from different nations have different values according to the society and culture. Values may vary from person to person and time to time. Family background and nurturing, vocational choice, occupation also play an effective role in deciding the type of values instilled in an individual and it works vice versa.

The present study was conducted upon university going under-graduate students. Till now very little attention has been given by researchers in this particular area. Thus, it was chosen to carry out the present research to measure three out of six types of basic value differences between the male & female students affiliated to Business Administration and Fine-Arts streams, in Ahmedabad city, Gujarat, India.

RATIONALE

The rationale of this study is to determine if there are any differences found in aesthetic, economic, and political values between the undergraduate male and female students of the

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Business Administration and Fine-Arts streams, and also to compare and determine- students of which stream are better suited to their relevant fields.

More important goals induce a stronger motivation to plan thoroughly (Gollwitzer, 1996). The higher the priority given to a value, the more likely people will form action plans that can lead to its expression in behavior. *It enhances their belief in their ability to reach the valued goal and increases persistence in the face of obstacles and distractions.* Thus, the reason for including these two types of universities is to see the differences within the mindset of the students in the two different environments. Generally, people argue that students belonging to a Business Administration institutes are believed to have more of economic and political values as compared to the Fine-Arts stream. Also people presume that students from Fine-Arts colleges have more of Aesthetic value than the students from Business Administration colleges.

Hence, the present research will supposedly help the students, parents, teachers, educators and other researchers to understand the compared vocational ability and relative potentiality of the male as well as female undergraduates of the two different streams, i.e. Business Administration and Fine-Arts.

OBJECTIVES

1. To study and compare aesthetic value between undergraduates of Business Administration and Fine-Arts streams (in Ahmedabad)
2. To study and compare aesthetic value between undergraduates of Business Administration and Fine-Arts streams, in relation to their gender
3. To study the interaction effect of streams and gender in terms of aesthetic value
4. To study and compare economic value between undergraduates of Business Administration and Fine-Arts streams (in Ahmedabad)
5. To study and compare economic value between undergraduates of Business Administration and Fine-Arts streams, in relation to their gender
6. To study the interaction effect of streams and gender in terms of economic value
7. To study and compare political value between undergraduates of Business Administration and Fine-Arts streams (in Ahmedabad)
8. To study and compare political value between undergraduates of Business Administration and Fine-Arts streams, in relation to their gender
9. To study the interaction effect of streams and gender in terms of political value

HYPOTHESIS

1. There will be no significant difference between undergraduates of Business Administration and Fine-Arts streams, in terms of aesthetic value
2. There will be no significant difference between male and female undergraduates of Business Administration and Fine-Arts streams, in terms of aesthetic value.
3. There will be no significant interaction effect between streams and gender in terms of aesthetic value.
4. There will be no significant difference between undergraduates of Business Administration and Fine-Arts streams, in terms of economic value
5. There will be no significant difference between male and female undergraduates of Business Administration and Fine-Arts streams, in terms of economic value
6. There will be no significant interaction effect between streams and gender in terms of economic value
7. There will be no significant difference between undergraduates of Business Administration and Fine-Arts streams, in terms of political value
8. There will be no significant difference between male and female undergraduates of Business Administration and Fine-Arts streams, in terms of political value
9. There will be no significant interaction effect between streams and gender in terms of political value

METHOD

PARTICIPANTS:

The present study was confined to Ahmedabad, Gujarat State, India. The participants comprised 300 undergraduate students studying in the Business Administration and Fine-Arts streams of the colleges affiliated with Gujarat University. The sample was equally distributed among two of the streams and gender, i.e. 75 males & 75 females from Business Administration stream and 75 males and 75 females from Fine-Arts stream were taken. A random sampling design was used to select the members of the sample.

Sample Distribution-

Gender ↓	Faculties		Total
	Business Administration [N]	Fine-Arts [N]	
Male	75	75	150
Female	75	75	150
Total	150	150	300

MEASURING INSTRUMENTS/ TOOLS:

To measure the values of the subjects, “Value Test” by Dr. Raj Kumar Ojha and Dr. Mahesh Bhargav was used in the present investigation. The main aim of the study of values is to measure the six basic interests or motives in personality: Theoretical, Economical, Aesthetic, Social, Political, And Religious. This type of classification is based upon Spranger’s Type(s) of man. In the present investigation, three out of six basic values were examined, without altering the attributes of the value test;

Aesthetic Value [Beauty and Harmony] - It means an appreciation of artistic beauty, harmony and form for its own sake.

Economic Value [Usefulness] - It means a basic concern for what is useful and practical.

Political Value[Power] - It means a basic interest in power and leadership related to any field not just to politics.

Reliability of the Value Test- (As given by the Authors):

The internal consistency of the scale is determined by the *Split-half method*.

The items for each value were divided into two sub-scales. The product moment correlations are as given below;

<u>Values</u>	<u>Revised Form</u>	<u>Old Form</u>
Theoretical	.78	.60
Economic	.81	.65
Aesthetic	.76	.54
Social	.82	.66
Political	.83	.62
Religious	.84	.70

Validity of the Value Test-(As given by the Authors):

As shown below, correlations (r’s) obtained for a sample of 500 Male and 500 Female, Graduate and Post-Graduate students.

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<u>Males</u>	<u>Economic</u>	<u>Aesthetic</u>	<u>Social</u>	<u>Political</u>	<u>Religious</u>
Theoretical	-.26	-.11	-.10	-.12	-.13
Economic		-.30	.28	.30	.38
Aesthetic			-.19	-.16	-.29
Social				-.21	-.13
Political					-.32
<u>Females</u>					
Theoretical	-.10	-.08	-.19	-.26	-.37
Economical		-.36	-.29	-.20	.23
Aesthetic			-.38	-.10	.38
Social				-.40	.31
Political					-.32

There is a positive association between economic-social values and between economic-political values, and between economic-religious values in males. But in female sample, there is a positive association between economic-religious values and aesthetic-religious values, and social-religious values. In both the groups, the degree of correlations is low.

PROCEDURE:

The present study was conducted to investigate the differences in three out of six basic values in two streams of education. To conduct this research several steps were followed that are discussed herein. First of all, lists of colleges offering Business Administration and Fine-Arts courses were made. According to research plan, then, 300 samples were selected randomly from the relevant institutions in Ahmedabad.

Necessary rapport was established before administration of the test. However, it was preferred to visit the subjects through some references; thereby also employing Snow ball sampling method. The subjects were visited each day and were given the questionnaires. Verbal instructions were given to them, to make them understand the questionnaire easily. The subjects were assured that the information would be kept confidential. Each student was given time of two days to fill the given questionnaire which was then collected later. At the time of collecting the questionnaires back, all the respondents were thanked for their cooperation and participation in the study. Then, the data was scored and the raw scores of only aesthetic, economic and political values were segregated for the statistical calculations. *Two way Analysis of Variance (ANOVA) as a part of statistical analysis was employed, in order to examine the role of values.*

RESULTS

1. AESTHETIC VALUE:

1.1 ANOVA

Source of Variable	Sum of Squares	df	Mean Squares	F Ratio	Level of Significance
Stream [A]	1905.12	1	1905.12	61.3373	0.01
Gender [B]	385.3333	1	385.3333	12.4062	0.01
Stream * Gender [A*B]	41.81333	1	41.81333	1.346223	0.05
Error	9193.68	296	31.05973		
Total	11525.95	299			

1.2 MEANS

1.2.1 Mean scores of variable A [Stream]

	Fine-Arts [A1]	Business Administration [A2]
M	42.87	37.83
N	150	150

1.2.2 Mean scores of variable B [Gender]

	Male [B1]	Female [B2]
M	39.21	41.48
N	150	150

1.2.3 Mean scores of variable A*B [Stream*Gender]

	Fine-Arts*Male [A1*B1]	Fine-Arts*Female [A1*B2]	Business Administration*Male [A2*B1]	Business Administration*Female [A2*B2]
M	42.11	43.63	36.32	39.33
N	75	75	75	75

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ANOVA Table-1.1 illustrates results on Aesthetic value of male and female students belonging to Fine-Arts and Business Administration fields. The table shows that F ratio for aesthetic value of students of Fine-Arts and Business Administration streams is 61.33, which is significant at 0.01 level; this means, our null hypothesis is rejected here- students of Fine-Arts differ significantly on aesthetic value as compared to students of Business Administration stream. By the same point of view the Mean table-1.2.1 represents the mean scores of Fine-Arts and Business Administration students, which are 42.87 and 37.83, respectively. From the derived scores, it can be inferred that significant difference exists between students of Fine-Arts and Business Administration streams.

F ratio for Aesthetic value, of gender is 12.40, which is significant at 0.01 level; this means, our null hypothesis is rejected here- male students of both the streams differ significantly on aesthetic value as compared to the female students. By the same point of view the Mean table-1.2.2 represents the mean scores of male and female students of both the streams, which are 39.21 and 41.48, respectively. Thus, it can be said that significant difference exists between male and female [gender] students of Fine-Arts and Business Administration streams.

F ratio for Aesthetic value in terms of interaction effect between streams [Fine-Arts & Business Administration] and gender [male & female] (AXB) is 1.34, which is significant at 0.05 level; this means our null hypothesis is rejected and significant interaction effect exists between streams and gender regarding aesthetic value. By this same point of view the Mean table-1.2.3 represents the mean scores of Fine-Arts male students, Fine-Arts female students, Business Administration male students and Business Administration female students; which are 42.11, 43.63, 36.32 and 39.33 respectively.

2. ECONOMIC VALUE:

2.1 ANOVA

Source of Variable	Sum of Squares	df	Mean Squares	F Ratio	Level of Significance
Stream [A]	286.1633	1	286.1633	10.19895	0.01
Gender [B]	8.67	1	8.67	0.309002	NS
Stream * Gender [A*B]	62.56333	1	62.56333	2.229777	NS
Error	8305.2	296	28.05811		
Total	8662.597	299			

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2.2 MEANS

2.2.1 Mean scores of variable A [Stream]

	Fine-Arts [A1]	Business Administration [A2]
M	39.82	41.77
N	150	150

2.2.2 Mean scores of variable B [Gender]

	Male [B1]	Female [B2]
M	40.63	40.97
N	150	150

2.2.3 Mean scores of variable A*B [Stream*Gender]

	Fine-Arts*Male [A1*B1]	Fine- Arts*Female [A1*B2]	Business Administration*Male [A2*B1]	Business Administration*Female [A2*B2]
M	40.11	39.53	41.15	42.40
N	75	75	75	75

ANOVA Table-2.1 illustrates results on Economic value of male and female students belonging to Fine-Arts and Business Administration fields. The table shows that F ratio for Economic value of students of Fine-Arts and Business Administration streams is 10.19, which is significant at 0.01 level; this means, our null hypothesis is rejected here and students of Fine-Arts differ significantly on economic value as compared to students of Business Administration stream. By the same point of view the Mean table-2.2.1 represents the mean scores of Fine-Arts and Business Administration students, which are 39.82 and 41.77, respectively. From the derived scores, it can be inferred that significant difference exists between students of Fine-Arts and Business Administration streams.

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F ratio for Economic value, of gender is 0.30, which is not significant; this means, male students of both the streams do not differ significantly on economic value as compared to the female students. By the same point of view the Mean table-2.2.2 represents the mean scores of male and female students of both the streams, which are 40.63 and 40.97, respectively. Thus, it can be said that significant difference does not exist between male and female [gender] students of Fine-Arts and Business Administration streams.

F ratio for Economic value in terms of interaction effect between streams [Fine-Arts & Business Administration] and gender [male & female] (AXB) is 2.22, which is not significant; this means significant interaction effect does not exist between streams and gender regarding economic value. By this same point of view the Mean table-2.2.3 represents the mean scores of Fine-Arts male students, Fine-Arts female students, Business Administration male students and Business Administration female students; which are 40.11, 39.53, 41.15 and 42.40 respectively.

3. **POLITICAL VALUE:**

3.1 ANOVA

Source of Variable	Sum of Squares	df	Mean Squares	F Ratio	Level of Significance
Stream [A]	1976.333	1	1976.333	52.37983	NS
Gender [B]	185.6533	1	185.6533	4.92047	0.05
Stream * Gender [A*B]	130.68	1	130.68	3.463482	NS
Error	11168.32	296	37.73081		
Total	13460.99	299	13460.99		

3.2 MEANS

3.2.1 Mean scores of variable A [Stream]

	Fine-Arts [A1]	Business Administration [A2]
M	36.26	41.39
N	150	150

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1.2.2 Mean scores of variable B [Gender]

	Male [B1]	Female [B2]
M	39.61	38.04
N	150	150

1.2.3 Mean scores of variable A*B [Stream*Gender]

	Fine-Arts*Male [A1*B1]	Fine-Arts*Female [A1*B2]	Business Administration*Male [A2*B1]	Business Administration*Female [A2*B2]
M	37.71	34.81	41.52	41.27
N	75	75	75	75

ANOVA Table-3.1 illustrates results on Political value of male and female students belonging to Fine-Arts and Business Administration fields. The table shows that F ratio for Political value of students of Fine-Arts and Business Administration streams is 52.37, which is not significant; this means, students of Fine-Arts do not differ significantly on political value as compared to students of Business Administration stream. By the same point of view the Mean table-3.2.1 represents the mean scores of Fine-Arts and Business Administration students, which are 36.26 and 41.39, respectively. From the derived scores, it can be inferred that significant difference does not exist between students of Fine-Arts and Business Administration streams.

F ratio for Political value, of gender is 4.92, which is significant at 0.05 level; this means, our null hypothesis is rejected here and male students of both the streams differ significantly on Political value as compared to the female students. By the same point of view the Mean table-3.2.2 represents the mean scores of male and female students of both the streams, which are 39.61 and 38.04, respectively. Thus, it can be said that significant difference exists between male and female [gender] students of Fine-Arts and Business Administration streams.

F ratio for Political value in terms of interaction effect between streams [Fine-Arts & Business Administration] and gender [male & female] (AXB) is 3.46, which is not significant; this means significant interaction effect does not exist between streams and gender regarding political value. By this same point of view the Mean table-3.2.3 represents the mean scores of Fine-Arts male students, Fine-Arts female students, Business Administration male students and Business Administration female students; which are 37.71, 34.81, 41.52 and 41.27 respectively.

DISCUSSION

The major conclusions inferred in this study indicate that undergraduate students of Fine-Arts stream have greater Aesthetic value than undergraduates of Business Administration stream. This carries the idea that Fine-Arts students are suited to their relevant field. Tinio & Pablo (2013) supports this when they state that Aesthetic experiences mirror the art-making process in the sense that the early stages of aesthetic processing correspond to the final stages of art-making. Also we found that Aesthetic value is higher in females than male undergraduates.

Subsequently, results represent that Economic value is greater in Business Administration students as compared to Fine-Arts students. Business school students accrue the economic value from their education. (Jonathan, Drnevich, Crook, Craig, 2010). This indicates that students of Business Administration stream are also potential and suitable students to their relevant field. Economic value does not differ at gender level.

We also derived that Political value does not differ in terms of streams but interestingly male students seem to have higher political value than female students, considering both the streams. The common explanation for why men, more than women, have interest in politics, grows from men's need for mating territories. Also, as stated in a study related to the Values Adjusted for Sex and Variability Differences, by Stanley and Julian (1953), "Men are observed being more political & economic", which supports the derived results in this study.

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Environmental Awareness of the College Students with respect to Sex and Faculty

Gunde R. V.¹, Parit A. S.²

ABSTRACT:

The study has been undertaken to find out the effect of sex and faculty on Environmental Awareness of the college students. Environment Awareness Ability Measure (EAAM) constructed by Praveenkumar Zha was administered on 300 subjects; 100-100 students from arts, commerce and science faculties, half of them were male and half female. All students were First year college students from Gadhinglaj area of Kolhapur District. The data analyzed by using two-way ANOVA and further analyzed with Scheffe post hoc test. Results indicated that significant difference in environmental awareness was found for sex as well as faculty. But no significant interaction effect between sex and faculty found on environmental awareness of the college students.

Keywords: *Environmental Awareness, sex, faculty, ANOVA and Scheffe post hoc test.*

INTRODUCTION:

Now a day the global concern is to struggle against environmental pollution and maintain the standard of human environment. The industrial revolution, unprecedented scientific and technological revolution resulted in disastrous changes in the environment leading to environmental degradation crisis. By looking at the scopes and impacts of environmental problems, environmental awareness and attitudes have become very important concepts. While it is thought that the main source of many environmental problems is irresponsible behaviors of the people with respect to environment. It is important that human being must be aware of environmental problems and work for environmental protection and conservation. This is a fact that human beings need to raise awareness of environmental problems as a result of necessary trainings.

Environmental awareness is increasing of awareness and understanding of the environment through education. Most of our population is not aware of our finite resources and how quickly they are being used up. By its very definition, “awareness” means “having knowledge or cognizance.” Environmental awareness is also defined as concern for what is happening in the environment. Students have always played an active role in the activities leading to the development of environmental awareness.

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Shobeiri et al (2007) found that there is no significant difference between boy and girl students in their level of environmental awareness. Boy and girl students in this study have the same level of environmental awareness and sex is not a factor, which affects environmental awareness. Ahuja (2010) conducted a study of environmental awareness among B Ed. trainee teachers of govt. aided and self financed colleges. The results reveal that sex, stream or faculty and type of residence of the B.Ed. teacher trainees did not differ significantly in their environmental awareness. Larijani (2010) conducted a study on environmental awareness of higher primary school teachers of Mysore City in India. Female teachers show significantly higher levels of environmental awareness as compared to their male counterparts.

Sengupta et al (2010) investigated the effect of stream (Arts, Science and Commerce) and sex on twelfth grade students' environmental awareness and environment related behavior in Kolkata. The effect of stream or courses of higher secondary syllabus showed that science students' scores on environmental awareness and behavior were less than that of arts students. The girl students are observed to be more environmentally aware although the sex has no effect on environment related behavior. Bhawana (2011) conducted a study on environmental awareness of B.Ed. students. This study reveals that there is no significant difference between the mean scores of environment awareness of male and female B.Ed. pupil teachers. There is no significant difference between the mean scores of environmental awareness of B.Ed. pupil teachers of Arts and Science streams. Kumar et al (2011) conducted a research on environmental awareness among senior secondary school students. The results show that there is significant influence of sex, type of school and faculty on the student's environmental awareness. Girls were found to be much aware about environmental issues than boys. Science stream students have high environmental awareness scores than Arts stream students.

AIM OF THE STUDY:

The aim of this study is to find out the effect of sex and faculty on environmental awareness of the college students.

OBJECTIVES:

1. To study the effect of sex on environmental awareness of the college students.
2. To determine the effect of faculty on environmental awareness of the college students.
3. To examine the influence of interaction between sex and faculty on environmental awareness of the college students.

HYPOTHESES:

1. The females are significantly more environmentally aware than the males.
2. Arts faculty students are significantly inferior to commerce faculty students in their environmental awareness.
3. Science faculty students are significantly superior to arts and commerce faculty students in their environmental awareness.
4. Interaction effect of sex and faculty on environmental awareness is not significant.

METHODOLOGY

Sample- Sample of the study consisted 300 college going students from different colleges in Gadhinglaj area of Kolhapur district. Faculty and sex wise distribution was presented in Table 1.

Table 1 Faculty and sex wise distribution of the Sample

		Faculty			Total
		Arts(B1)	Commerce(B2)	Science(B3)	
Sex	Male(A1)	50	50	50	150
	Female(A2)	50	50	50	150
Total		100	100	100	300

Tool used for data collection-Environment Awareness Ability Measure (EAAM) constructed by Pravinkumar Jha in 1998. The measure consists of 51 items. Every item is provided with two alternatives like agree and disagree. The reliability of the measure is 0.73.

Procedure of data collection-The Ss selected from three different colleges, with permission of the Principals, Environment Awareness Ability Measure (EAAM) was administered without disturbing the time table of the college. The scale was distributed among the Ss and instructions were given to them. Though the scale requires 20 minutes, the filled response sheets were collected in time. The collected response sheets were manually scored and tabulated.

Design of the study-A balanced 2X3 factorial design was used. The first factor was sex which varied at two levels namely male and female, whereas the second independent variable was faculty which varied at three levels namely arts, commerce and science.

RESULTS AND DISCUSSION

In this study, two factors namely sex and faculties were considered as independent variables. On the basis of these two factors, the sample was distributed into six classified groups. Environmental Awareness was measured using EAAM. Means and SDs obtained by the six classified groups on environmental awareness are given in Table 2.

Table 2 Means and SDs of Six Classified groups

	A1B1	A1B2	A1B3	A2B1	A2B2	A2B3
Mean	30.50	32.96	33.78	32.28	32.44	35.58
SD	4.22	4.15	3.81	3.95	3.70	4.13

A1-Male, A2-Female, B1-Arts, B2-Commerce, and B3-Science

Inspection of the table 2 shows that mean values of the females are greater than the males mean values of environmental awareness. But it is not possible to draw conclusions confidently on the basis of means and SDs; the data were treated by two way ANOVA for environmental awareness is given in table 3.

Table 3 Two way ANOVA for Environmental Awareness

Source	Type III Sum of Squares	df	Mean Square	F
Sex(A)	78.03	1	78.03	4.88*
Faculty(B)	548.69	2	274.34	17.16**
Sex*Faculty	88.94	2	44.47	2.78
Error	4699.58	294	15.98	
Total	5415.24	299		

*- significant at the 0.05 level

**-significant at the 0.01 level

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From the summary of table 3 for two way ANOVA, It shows that main effect of sex is significant ($F=4.88$, $df =1$ and 294 , $p<0.05$). It is clear that the factor of sex is effective in determination of environmental awareness. An examination of the mean values of the groups of males and females clearly shows that females have developed significantly better environmental awareness than the males. Results shown in table 2 and 3, it should be concluded that sex significantly affect on environmental awareness, and the females do better than males on environmental awareness. Thus, the hypothesis 'the females are significantly more environmentally aware than the males' is accepted.

The finding related to the sex and environmental awareness is in agreement with the findings of Larijani (2010), Sengupta et al (2010) and Kumar et al (2011). They found that the females are significantly better in environmental awareness than the males.

It is clear from the interaction effect of sex X faculty (A X B) that the main effect of sex and faculty function independently for environmental awareness. Interaction between sex and faculty does not show significant effect on environmental awareness of the college students ($F=2.78$, df 2 and 294, $p>0.05$).

Table 3 also indicates that the main effect of faculty shows effective in environmental awareness. It has been yielded an F value as 17.16; for 2 and 294 df is significant beyond 0.01 level. It clearly indicates that faculty has significant effect on environmental awareness of the college students. Further the data were treated by Scheffe post hoc test for multiple comparisons of faculties to search whether the groups differ significantly from each other or not. The results are presented in and it is shown in table 4.

Table 4 Multiple Comparisons of faculty on Environmental Awareness (Scheffe)

(I) Faculty (J) Faculty	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Arts Commerce	1.31	.57	.070	2.70	.08
	3.29**	.57	.000	4.68	1.90
Commerce Arts	1.31	.57	.070	.08	2.70
	1.98**	.57	.002	3.37	.59
Science Arts	3.29**	.57	.000	1.90	4.68
	1.98**	.57	.002	.59	3.37

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****.** The mean difference is significant at the 0.01 level.

An inspection of Table 4 reveals that, the difference between the mean values of arts and commerce students is 1.31, and it is not significant even at 0.05 level. Commerce faculty students have slightly greater mean than arts students, but the difference is insignificant. Hence, the hypothesis 'Arts faculty students are significantly inferior to commerce faculty students in their environmental awareness' is partially rejected. It indicates that the arts students are inferior to commerce students, but not significantly inferior in their environmental awareness. Post hoc test also shows that the differences between the means of science and arts students (3.29), science and commerce students (1.98) are significant at 0.01 level. Science students have better mean than arts and commerce students. Thus, the hypothesis 'Science faculty students are significantly superior to arts and commerce faculty students in their environmental awareness' is accepted. It is evident that science faculty students have the knowledge and awareness about environmental issues, they are more aware than arts and commerce students.

This finding of the present study is in agreement with the studies conducted by Sengupta et al (2010) reported that science students have more environmental awareness in comparison to arts students because they are giving more importance to their curriculum pattern. Kumar et al (2011) revealed that science stream students have high environmental awareness scores than Arts stream students.

However, the results contradicts with the studies conducted by Ahuja (2010) and Bhavana (2011), which reveal that that there is no significant difference found between the mean scores of environment awareness of B.Ed. pupil teachers of Arts and Science streams.

CONCLUSIONS

On the basis of results the following conclusions were drawn:

1. Females have better environmental awareness than the males.
2. Arts students are not significantly inferior to commerce students on environmental awareness.
3. Science students are significantly superior to arts and commerce students on environmental awareness.
4. Sex and faculty are independently affected on environmental awareness, interaction effect is not significant.

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Emotional Maturity across Gender and Level of Education

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ABSTRACT:

The purpose of the present study is to identify the level of emotional maturity among university students and to find the significant differences in emotional maturity across gender and their level of education. To achieve the stipulated objectives descriptive method of research was followed. The sample for the present investigation was randomly drawn from different department of Jamia Millia Islamia New Delhi. A total sample of 100(50 male & 50 female) including Post Graduates and Research Scholars were selected. The data was collected by administering the Emotional Maturity Scale developed by Prof. Yeshver Singh & Prof. Mahesh Bhargave (1990). The data was then analyzed through Mean, sd and t-test for the comparison of mean scores between groups with the help of SPSS 21. The findings of the study revealed that majority of the post graduate students and research scholars of the university are emotionally unstable. The findings also showed that male students are emotionally immature than females on personality disintegration dimension of emotional maturity. Significant difference was also found between post graduates and research scholars on personality disintegration dimension of emotional maturity. On other dimensions of emotional maturity no difference was found between males and females and post graduates and research scholars University students must be taught to identify their level of emotional maturity, as they are at the highest seat of learning.

Keywords: *Emotional Maturity, Gender, Post Graduate Students, Research Scholars,*

INTRODUCTION:

“Emotions shape the landscape of our mental and social lives. Like the ‘geographical upheavals’ a traveler might discover in a landscape where recently only a flat plane could be seen, they mark our lives as uneven, uncertain, and prone to reversal”. (Nussbaum 2001)

Life is becoming very fast with the advancement of science and technology. The 21st century is an era of technological revolution. Due to the technology, the environment is changing as never before. Youth as well as adults of today are well and easily exposed to vast, unlimited and most importantly censored information and are subject to high pressure because of ever increasing competition and expectations from their family and peers.

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Under this dynamic environment the youth as well as adults are finding it difficult to adjust them and even sometimes succumb to the environmental pressure. Though man has conquered time and space to a great extent by the present level of scientific advancement, yet there is great threat to his existence. The Indian society is becoming increasingly materialistic. The present generation is moving ahead to achieve their material gains by every means. They find it hard to bridge the gap between their head and heart. This puts them always in conflicting situations. For the personal happiness it is very important that you must be aware about yourself and must be able to tolerate a delay in the satisfaction of your needs. For this purpose you have to choose maturity, to behave in a consciously designed manner. Maturity is the ability to respond to the environment in an appropriate manner. This response is generally learned rather than instinctive. Maturity also encompasses being aware of the correct time and place to behave and knowing when to act, according to the circumstances and the culture of the society one lives in (David Wechsler 1950). According to Finley (1996), “Maturity is the capacity of mind to endure an ability of an individual to respond to uncertainty, circumstances or environment in an appropriate manner”.

As we discussed above that youths and adults are facing a lot of difficulties and pressures from the competitive materialistic world, so they are vulnerable to different psychological problems. Therefore, here the study of maturity in emotional aspect of personality is challenging our attention. Menninger (1999), Emotional maturity includes the ability to deal constructively with reality. Dosanjh (1960) “Emotional maturity means balanced personality. It means ability to govern disturbing emotion, show steadiness and endurance under pressure and be tolerant and free from neurotic tendency”. Prof Y. Singh (1990) “Emotional maturity is not only the effective determinant of personality pattern but also helps to control the growth of an adolescent's development. A person who is able to keep his emotions under control, to brook delay and to suffer without self-pity might still be emotionally stunned”. So emotionally mature person will have more satisfaction in life; he will be satisfied with what he is and have a balance between his head and heart.

Consistent studies have been conducted on the emotional maturity of the adolescents and adults. Like **K. Subbarayan & G. Visanathan (2011)** concluded that the sex, community and family type did not play any role in emotional maturity of college students. It also revealed that majority of college students are extremely unstable. **Manoharan, R. John Louis and I. Christie Doss (2007)** concluded that emotional maturity of P.G. students is influenced by sex, class and group. The level of emotional maturity of female students is higher than that of the male students. **Sheema Aleem (2005)** reported that female students are less emotionally stable as compared to male students. **Lakshmi, S. and Krishnamurthy, S. (2011)** reported that the majority of Higher Secondary Students in Coimbatore District are in Emotionally Unstable condition. **Deand, G., & Bruton, B.T. (1989)** concluded that Emotional maturity is related to better marital adjustment. **Sunil Kumar (2014)** discloses that a significant correlation exists between emotional maturity and family relationship. From the review of different sources it was found that no comprehensive study was conducted on the university students and the investigator makes an effort to identify the level of emotional maturity in university students, keeping in view their level of education.

Justification of the Study:

As has been described by **Edward E. Morler**, “Children and adolescents are driven by genes and hormones. However, beyond adolescence, an individual has to choose maturity. While emotional intelligence can be learned, emotional maturity is a choice. If it is not consciously made, the individual will not move beyond the emotional immaturity of an adolescent despite any and all trappings of material success”. Emotional maturity is not something that necessarily grows with chronological age; we don’t get more emotionally mature when we get older. Some adults are very emotionally immature and some have never matured. Hence they all find it difficult to adjust themselves with the changing environment of this scientific age. Therefore it is the dire need of the hour that our adolescents and adults should have proper emotional development to rightly channelize their emotions. Emotional maturity becomes very important in the behaviour of the individuals, as students are the pillars of the nation and future generations, so their level of emotional maturity becomes very vital. This study is of significant value for students, families, teachers and administrators, as they can be made aware about the level of emotional maturity of their grown up youths. It will be quite helpful for post graduates and research scholars, who are at the highest seats of learning in universities to pay a good time of attention to their emotional maturity and make successful adjustments, whatever the situations are. Study will also try to make adolescents and adults to realize that becoming emotionally mature means becoming aware of their choices and their impacts. Being a post graduate or a researcher doesn’t necessarily make a person capable of handling the situations. Therefore need was felt to study the level of emotional maturity of university students across gender and their level of education.

OBJECTIVES:

The following objectives have been framed for the present investigation:

1. To study the level of Emotional Maturity among the university students.
2. To find the significant differences in Emotional Maturity among university students across gender.
3. To find the significant differences in Emotional Maturity in Post graduate students and Research Scholars of the University.

HYPOTHESIS:

1. There is no significant difference between male and female university students in Emotional Maturity.
2. There is no significant difference between Post graduate students and Research Scholars in Emotional Maturity.

METHOD:

The present study was carried out by employing the descriptive method of research. Generally, in a descriptive research the researcher is concerned with why observed distribution exists but more particularly with what the distribution is. The descriptive survey used a number of data collection methods to compensate for inadequacies of each individual method. It was selected because it was intended to gather information from section respondents and to gather data at a particular point in time, and use it to describe the nature of existing conditions (Cohen, Manion & Morrison, 2007).

Sample:

The participants for the present investigation were randomly drawn from different Departments of Jamia Millia Islamia (A Central University) New Delhi. A total of 100 participants (50 male & 50 female) including Post Graduates and Research Scholars were selected.

Tool:

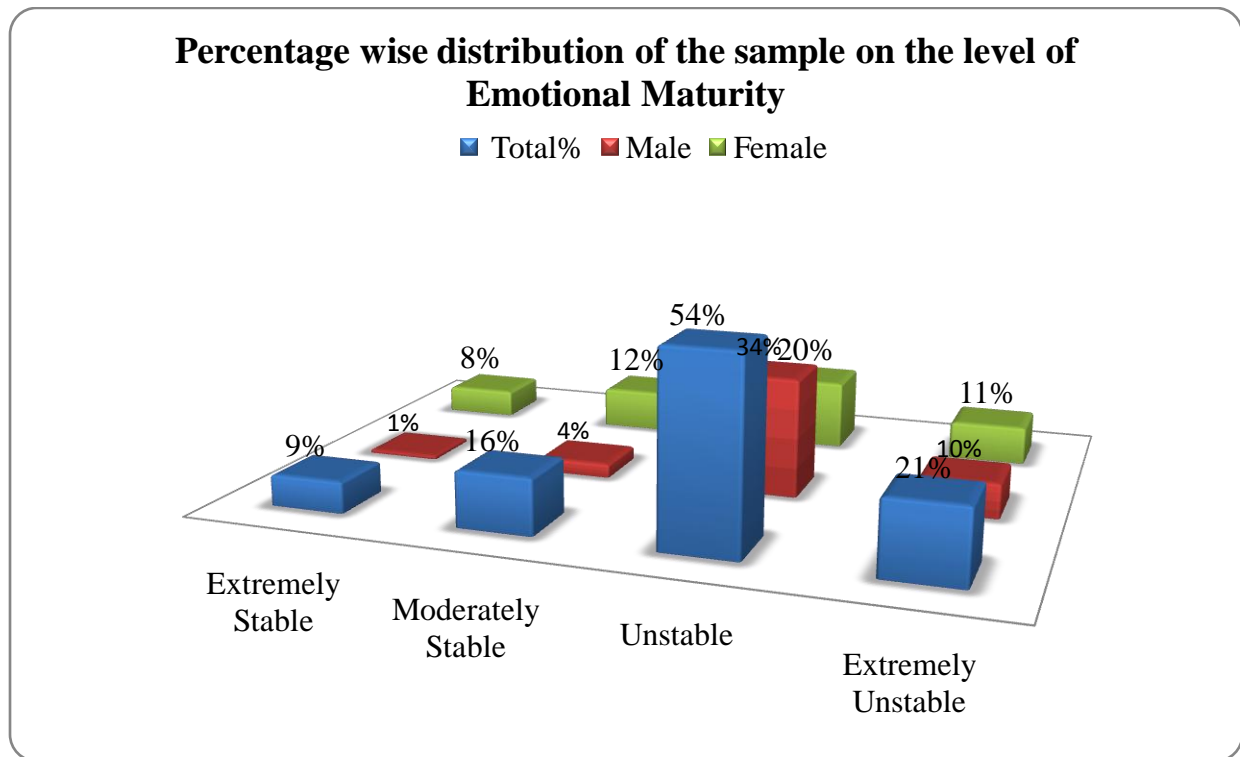
Emotional Maturity Scale developed by Prof. Yeshver Singh & Prof. Mahesh Bhargave (1990) was used to gather the relevant information from the selected sample.

PROCEDURE:

Before the administration of the test, the nature of the data and the purpose of research were discussed with the sample population. Then the test was administered. After the administration of the test to the selected samples the scoring was done strictly in accordance with the directions in the test manual. The collected data was statistically analyzed through mean, s.d and t-test for testing the significance of mean differences between the groups with the help of SPSS 21 Software. The details of analysis and interpretation are given below:

Objective 1: To study the level of emotional maturity among the university students.

Graphical representation of level of emotional maturity among university students.



From the perusal of the above graphical representation of the data only 9% university students are extremely stable, 16% are moderately stable, 54% are unstable and 21% of the university students are extremely unstable. The large segment of the university students is emotionally unstable and also a reasonable section of the university students are extremely unstable. The reasons for this unstable emotional maturity may be due to the present competitive environment and the very busy and fast life going ahead, where university students didn't give any preference to their emotional aspect of their development. But for happy, successful personal and professional life human beings has to choose emotional maturity as a conscious choice.

Objective 2: To find the significant differences in Emotional Maturity across gender.

Hypothesis: There is no significant difference between male and female university students in Emotional Maturity.

In order to measure the significance of difference between male and female university students,

the 't' value was calculated. The data for the same is presented:

Table 1: Mean score difference between male and female university students in emotional maturity on various dimensions.

Dimensions	Male		Female		t Value	Sig.
	Mean	S.D	Mean	S.D		
Emotional Unstability	20.46	3.38	20.04	5.04	.489	.626 ^{**}
Emotional Regression	21.24	4.82	20.54	4.84	.724	.471 ^{**}
Social Maladjustment	20.36	4.57	20.76	5.29	-.404	.687 ^{**}
Personality Disintegration	21.60	4.29	18.80	6.06	2.66	.009 [*]
Lack of Independence	15.12	3.63	13.86	3.01	1.88	.062 ^{**}

*Significant

** Insignificant

From the perusal of the above table 1, it is revealed that the t-value between male and female university students on personality disintegration dimension of emotional maturity is 2.66 which is statistically significant with .009 significance value. However on dimensions of emotional stability, emotional regression, social maladjustment and lack of independence dimensions of emotional maturity t-value comes to be .489, .724, -.404 and 1.88 respectively which are statistically insignificant. Therefore, the null hypothesis (1) formulated earlier i.e. **“There is no significant difference between male and female university students in emotional maturity”** is partially accepted. This is also supported by Manoharan, et al (2007).

Objective 3: To find the significant differences in Emotional Maturity in Post graduate students and Research Scholars of the University.

Hypothesis: There is no significant difference between Post graduate students and Research Scholars in Emotional Maturity.

In order to measure the significance of difference between post graduate and research scholars of the university, the 't' value was calculated. The data for the same is presented below in the table.

Table 2: Mean score difference between Post graduate students and Research Scholars on various dimensions of Emotional Maturity.

Variables	Post Graduate Students		Research Scholars		t Value	Sig.
	Mean	S.D	Mean	S.D		
Emotional Unstability	20.80	4.86	19.56	5.03	1.27	.206 ^{**}
Emotional Regression	20.46	5.01	20.34	4.56	.125	.901 ^{**}
Social Maladjustment	19.28	5.05	20.04	5.68	-.70	.482 ^{**}
Personality Disintegration	20.84	4.18	18.92	4.68	2.16	.033 [*]
Lack of Independence	14.80	3.60	14.16	3.08	.80	.423 ^{**}

^{*}Significant

^{**}Insignificant

From the perusal of the table 2, it is revealed that t-value between post graduates and research scholars on personality disintegration dimension of emotional maturity is 2.16, which is statistically significant with .033 significance value. However on emotional unstability, emotional regression, social maladjustment, and lack of independence dimensions of emotional maturity t-value comes out to be 1.27, .125, -.70, and .80 respectively, which are statistically insignificant. Therefore, the null hypothesis (2) formulated earlier i.e. **“There is no significant**

difference between Post graduate students and Research Scholars in Emotional Maturity”

is partially accepted.

Findings and Discussion:

The findings of the study revealed that only 9% university students are extremely stable, 16% are moderately stable, 54% are unstable and 21% of the university students are extremely unstable. The large segment of the university students is emotionally unstable and also a reasonable section of the university students are extremely unstable. This is a matter of concern for the adults, who are supposed to take different roles in the society after this higher stage of education. The reasons for this unstable emotional maturity may be many like competition, employment, increasing stress due to changing environment etc. Due to these circumstances the university students find it hard to pay attention towards emotional aspect of their development.

The findings also revealed that there is significant difference between male and female, post graduate university students and research scholars on personality disintegration dimension of emotional maturity. Study showed that males and total post graduate students are emotionally immature than females and research scholars respectively on personality disintegration dimension of emotional maturity. These are against the results of Gakher (2003), Meenakshi & Saurashtra (2003) and Kour M.(2001), which found there is no significant difference between males and females on emotional maturity. The differences in the personality disintegration dimension of emotional maturity males and females may be due to the fact that males become anxious very soon. Their feeling of insecurity, lack of ability to adjust makes them emotionally immature. They may get annoyed easily by things and people, showing marked dissatisfaction. They get frustrated easily as compared to females. Whereas females face the society and strenuous situations rather than running away from it. They have the capacity to withstand delay in satisfaction of needs, ability to tolerate a reasonable amount of frustration, belief in long term planning and are capable of delaying or revising their expectations in terms of demands of the situations. This makes females at emotionally mature than males.

CONCLUSION:

The present study highlights the level of emotional maturity among university students across gender and level of education. It was found that majority of post graduates and research scholars of the university are emotionally unstable and also females are better emotionally than males. The university students must try to understand that what lies there which make them emotionally unstable? The level of education doesn't make them emotionally mature. Emotional maturity is not something that grows with chronological age. Therefore they must decide to have emotional maturity as a conscious choice and enjoy life in a happy and balanced way. Gender differences can be attributed to the variations in socialization process of both genders than to the inherent genetic character. Moreover, the difference is not so massive that it cannot be subdued.

Therefore the adults must be provided opportunities to strengthen their emotions so that they can easily face the realities of life and make successful adjustments.

EDUCATIONAL IMPLICATIONS:

The present study may help the parents, teachers and administrators to have knowledge of the emotional development of their children and students and help them in building a well balanced personality. Emotional Development is one of the major aspects of human growth and development. Emotions like anger, fear, love etc. play a great role in the development of child's personality. Not only his physical growth and development is linked with his emotional makeup, but his intellectual, social, moral and aesthetic development are also controlled by his emotional behavior and experiences. The overall importance of emotional experiences in the life of a human being makes it quite essential to know about the emotions. Emotional development reaches its maximum in adulthood. During this stage, generally all individuals attain emotional maturity. The study will benefit the post graduates and research scholars to have a kind attention towards their emotional development and will make them aware about the importance of emotional maturity in the present fast changing global world.

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The Pattern of Appearance Schema in Patients with Dermatological Disorder

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ABSTRACT:

There has been a stigma attached to diseases of the skin for centuries. A healthy normal skin is essential for a person's physical and mental well-being and sense of self-confidence. It has been estimated that approximately one third of the patients presenting with the dermatological disorders have some psychological co-morbidity (Rosenberg, 1960). Literature has shown that patients with vitiligo and acne are mostly affected by their psychosocial wellbeing, whereas psoriasis and atopic dermatitis patients are affected by both physical and psychosocial well-being. Self-evaluative salience reflects the importance of appearance to one's sense of self-worth. A person who is self-evaluative define or measure themselves and their self-worth by their physical appearance and it deem influential in their social and emotional experiences. The present study aimed to evaluate any difference between appearance schema self-evaluative salience among the patients of psoriasis, acne, vitiligo and their controlled counterparts. Total 200 samples, 50 patients (Mean age = 32.8 years, SD= 3.97 years) for each group were chosen following purposive sampling technique from Department of Dermatology, R. G. Kar Medical College, Kolkata, India. The Appearance Schemas Inventory-Revised (ASI-R) was used to measure evaluation of appearance schema of the participants. Results indicate a significantly higher salience of self-evaluative appearance schema in patients with acne, followed by patients with psoriasis, vitiligo and their controlled counterparts. The findings indicate that the control group outperforms their clinical counterparts significantly in self evaluative appearance schema measure. The effect size measure indicates a small impact of dermatological disorder on self-evaluative appearance schema, indicating though prevails the stigma of dermatological disorders in our society; the patients acquire effective coping strategies to boost their self esteem. Their body image is not primarily guided by evaluation of their appearances. To support this view, it is found that though among these three diseases social stigma is associated more with vitiligo, but the patients with acne have a higher self-evaluative appearance schema. The pattern of the effects of dermatological disorder on self evaluative appearance schema is discussed

Keywords: Appearance, Schema, Dermatological Disorder, Psychological Wellbeing, Acne

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INTRODUCTION:

A relationship between dermatological conditions and psychological factors had long been observed (Ahmed, Leon, Butler, & Reichenberg, 2013; Ongenae, Beelaert, van Geel, & Naeyaert, 2006). Psychosocial factors have a significant impact upon the overall morbidity associated with skin disorders and therefore constitute an important component of treatment outcome. If psychosocial morbidity untreated then it may also have an adverse impact upon the overall response of skin condition to dermatologic therapies. Appearance of a person is determined by dermatological health to a great extent and plays a major function in social and sexual communication. A healthy normal skin is essential for a person's physical and mental well-being and sense of self –confidence. It has been estimated that approximately one third of the patients presenting with the dermatological disorders have some psychological co-morbidity (Rosenberg, 1960). Psychosocial problems related with skin diseases include problem in interpersonal relationship, shame, feeling of embarrassment, poor self-esteem, lack of self –confidence, depression, even in some extreme cases suicide (Wang, Wang, & Zhang, 2011; Bashir, Dar, & Rao, 2010; Lundberg, Johannesson, Silverdahl, Hermansson, & Lindberg, 2000; Schipper, Cinch, & Olweny, 1996; Lewis-Jones, & Finlay, 1995).

Disfiguring appearance is associated with body image concerns. Though we claim to believe “beauty is only skin deep”, but people are very likely to respond positively to those who are attractive and negatively to those who are unattractive (Griffin & Langlois, 2006; Collins & Zebrowiz, 1995). Appearance plays a important role in person's social and emotional functioning. Appearance specially facial appearance is important aspect of one's perception of body-image. According to the psychosocial research physically attractive strangers attribute more positive qualities such as friendliness, higher social skill levels to each other than physically unattractive strangers. Several experimental and observational studies have subsequently shown that people often react negatively toward someone with a visible skin condition (Grandfield, Thompson & Turpin, 2005). A person's sense of their own physical appearance, usually in relation to others or in relation to some cultural "ideal" can shape their body image. Persons who are appearance schematic have more investment in how they look and will be more attuned to and more likely reactive to appearance related stimuli (Cash & Labargl, 1996; Cash, Phillips, Santos & Hrabosky, 2004). These cognitive processes engender dysphoric reaction, such as self-conscious anxiety, shame or dejection.

Body image is a dynamic concept with ongoing changes that must be integrated as the individual matures. A person's body image is a product of their personal experiences, personality and various social and cultural forces. A person's perception of their appearance can be different from how others actually perceive them. Appearance -related critical comments negatively influence one's body-image. Body-image distress is mostly

associated with the third type of psychocutaneous disease that is disfiguring skin condition in which psychological issues are secondary.

According to literature psoriasis is associated with problems in body image (Kotrulja, Tadinac, Joki-Begi & Gregurek 2010). Patients with visible psoriasis are affected psychosocially because of their altered body image (Khoury, Danielsen & Skiveren, 2014). Similarly, acne vulgaris is also associated with significant psychological distress, regardless of their acne severity patient with this disease have substantial distress and preoccupation related to their facial appearance (Bowe, Leyden, Crerand, Sarwer & Margolis, 2007).

Skin diseases like acne, psoriasis, and vitiligo produce cosmetic disfigurement and are widely prevalent in every part of world. Review of literature indicates that degree of social anxiety, social avoidance, social withdrawal, general anxiety, depression and negative automatic thoughts, were significantly higher in acne patients resulting in a lowered self-esteem in acne patients (Yolac, Demirci, Erdi & Devrimci, 2008). Severe acne conglobate has risk of suicide, especially in men (Harth, Hillert, Hermes, Seikowskik, Niemeier, & Freudenmann, 2008). Acne and other skin diseases have a significant impact on patient's quality of life (Boehncke, Ochsendorf, Paeslack, Kaufmann & Zollner, 2002). Severe facial blemishes of any cause have a significant impact on women's quality of life (Balkrishnan, McMichael, Hu, Camacho, Shew & Boulloc, et.al. 2006).

Acne is associated with significant mental health problems due to a heightened sense of shame relating to appearance (Kellett & Gilbert, 2001). Study also indicate that the most significant emotional impact of acne on medical students was embarrassment (Ali, Mehtab, Sheikh, Ali, Abdel & Mansoor, et.al. 2010). Magin, Heading, Adams, & Pond (2010) have shown that acne had adverse effect on self-perceived sexual attractiveness and self-confidence resulting in marked behavioral avoidance of intimate situation and continuing effects on sexual well being in long established sexual relationship. Acne patients suffer particularly under social limitations and reduced quality of life (Niemeier, Kupfer & Gieles, 2006).

Patients with psoriasis have an increased risk of depression, anxiety, and suicidality (Kurd, Troxel, Crits-Christop & Gelfand, 2010). Psoriasis produces significant psychosocial disability. Psychiatric morbidity is significantly correlated with psoriasis (Mattoo, Handa, Kaur, Gupta, & Malhotra, 2005). Psoriasis affects the quality of life (Rakhesh, D'Souza & Sahai, 2008). Psoriasis vulgaris interacts with anxiety and depression (Nasreen, Ahmed, Effendi, 2008). Finzi, Colombo & Caputo (2007) observed psychological distress and planning and active coping were the coping strategies most frequently employed by psoriasis patients.

Experiences of stigmatization were often perceived to be associated with cultural values related to appearance, status, and myths linked to the cause of vitiligo (Thompson, Clarke, Newell & Gawkrödger, 2010). psychological disturbances as a consequence of vitiligo are common (Osman, Elkordufani & Abdhullah, 2009). the quality of life is closely elated to the patients' apprehensions about their disease, psychosocial adjustment, and psychiatric morbidity, rather than the clinical severity of the condition itself (Choi, Kim, Whang, Lee,

Hann & Shin, 2010). Generalized vitiligo is a serious skin disorder with an adverse impact on the emotional state (Linthorst Homan, Spuls, De Korte, Bose, Sprangers & Van de veen, 2009).

Evaluation of appearance schema works in the context of a cultural frame a person lives in. A detailed survey of the available research findings point out that though acne, psoriasis, and vitiligo as well as the other psychosocial variables (quality of life, self-esteem, body-image appearance schema, body-image coping strategies and body image cognitive distortion) have been addressed in numerous research findings, there is still the need to study pattern of the way these patients evaluate their appearance schema and its effect on the psychosocial aspect of a person. In absence of sufficient reported study in Indian context this research is an attempt to unveil the persona of a patient with skin disorder and evaluate the possible difference, if any, among three types of skin disorders.

METHOD

Participants

The participants were selected using purposive sampling technique. Total number of participants were 200 (Mean age = 32.8 years, SD=3.97 years). Participants were divided in three experimental groups with three type of skin disorder, i.e., psoriasis, acne, vitiligo and one group of comparable controlled counterparts. Each group consisted of 50 participants each. The participants were chosen from Department of Dermatology, R.G. Kar Medical College and Hospital, Kolkata, India.

Selection Criteria

Inclusion criteria

1. Age between 18 to 50 years.
2. The prevalence of these three diseases is found equally in both the sex. So both males and females were selected as participants for the study.
3. Disease on exposed areas of the body, namely face, neck, upper and lower limbs were only included.

Exclusion criteria

1. Any psychiatric illness
2. Any physical disability

Tools Used

Information Schedule: The information schedule was prepared by the present investigator to collect a short case history of each of the participants as per the requirements of the present study.

The Appearance Schemas Inventory (ASI-R): To measure belief about appearance the Appearance Schemas Inventory-Revised (ASI-R) was used. ASI-R is an empirically validated, extensive revision of Cash and Labarge's (1996) original assessment of individual's psychological investment in their physical appearance.

Procedure

First, Bengali translation of Appearance Schema Inventory (ASI-R) were done following the translation protocol of EORTC quality of life group translation procedure by Cull, Sprangers, Bjordal, Aaronson, West & Bottomley (2002) and a Bengali working norm of ASI-R was established. Then the screening and diagnosis of dermatological disorder were made by consultant dermatologists of respective hospitals. Only patients of psoriasis, acne, vitiligo were included in the study. Patients with disorders on exposed area of body were only included. All the participants were explained about the nature of the present study. They were assured about confidentiality of their identity and responses. Detailed case history was taken for screening out any other psychiatric illness and other physical disability. Then the Bengali translated Appearance Schemas Inventory - Revised (ASI-R) was administered to the three experimental groups (150 patients). The control group consisted of 50 subjects, both male and female without clinically significant skin disease and any other reported physical disability and psychiatric illness. The control group was matched with the experimental groups according to their socioeconomic status, gender, age. The data were tabulated following the scoring key of each questionnaire and for each individual separately. The entire data were analyzed using SPSS 21. Univariate ANOVA and Tukey post hoc test were used to find the difference among the groups on appearance schema scores.

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RESULT

Table 1: *Showing the descriptive and inferential statistics among three experimental groups and control group*

	Psoriasis (N=50)	Acne (N=50)	Vitiligo (N=50)	Control Group (N=50)	F	df	P- Value	Effect Size
Mean	2.79	3.19	2.75	2.66	4.52	3	.01	.065
SD	0.86	0.79	0.70	0.72				

Table 2: *Showing the Post-hoc analysis among the three experimental groups*

Group	Difference	Mean Difference	Sig.
Psoriasis	Acne	-.3994	.053
	Vitiligo	.0368	.995
	Control	.1284	.842
Acne	Psoriasis	.3994	.053
	Vitiligo	.4362*	.028
	Control	.5278*	.005
Vitiligo	Psoriasis	-.0368	.995
	Acne	-.4362*	.028
	Control	.0916	.935
Control	Psoriasis	-.1284	.842
	Acne	-.5278*	.005
	Vitiligo	-.0916	.935

DISCUSSION

From fairy tales to moral stories, from infant rhymes to adult novels, society teaches us to be over concerned by appearance, be it from Helen of Troy or Cinderella and her ugly step sisters or Kiranmala and her terrifying wicked step mother and like, literature in all transcripts of the world shows that. One of the major characteristics of human being which differentiate them from other animals is stigmatization by appearance.

For a human being face is the most acceptable communicator and seat of recognition of appearance. Any disfigurement in this face may result in a challenging adjustment, coping and as a whole challenging mental health. Acceptance of these challenges depends on various psychological issues alongwith medical and social issues.

Person's own perception and investment toward facial appearance are positively related with his/her global self worth and self perceived social acceptance. Research findings showed that dissatisfaction with self appearance was associated with relationship problems and global self esteem (Pope & Ward, 1977).

The present research work aims to highlight some psychological issues related to appearance, viz., perceived distress as a result of facial disfigurement including recommendation to pay proper medical attention on this issue and psychosocial rehabilitation.

In the field of Psychophysiological research, Psychodermatology is relatively young which demands the interaction between skin and mind. Skin responds to both exogenous and endogenous stimuli. It encodes external pattern of social perception, i.e., perceived negative cues of the society and decoded and transmit internal conditions to the outside world. Though it is obvious that not everyone responds emotionally through skin or not every disfigurement of skin results psychological disturbance to everyone but evidences suggest that skin physiology often intersects with psychological issues. So, the treatment considering this interaction may offer the best result.

Among various skin diseases the present study has focused on acne, psoriasis and vitiligo considering the ladder of social stigma as attached with these three types of diseases where vitiligo is most stigmatized followed by psoriasis and acne. Though acne is relatively less stigmatized and less severe in nature as considered by general population, the hospital outdoors and clinics revealed picture of acne as most frequently complained disease carried out by most negatively affected quality of life and adjustment.

Surprisingly, the result of the present study also shows that in comparison to psoriasis and vitiligo, patients with acne invest their energy more towards their appearance in comparison to that of other two counterparts which means that schematic investment in own appearance is more in person with acne. It also suggest that the acne group tends to be more self-evaluative than psoriasis, vitiligo and their control counterpart.. It means that the patient

with acne measure themselves and their self-worth mostly by their physical appearance which may influence their social and emotional experiences also. According to literature patient with acne have a stronger attentional bias for acne lesions and focus more on the skin lesions than without acne (Lee, Lee, Lee, Park, Chung, Wallraven et. al., 2014). Another study which examined appearance related distress of acne patients suggest that the acne patients above 20 years significantly suffer appearance related distress. According to this study for both men and women acne was significantly associated with bodily self-consciousness of appearance (Hassan, Grogan, Clark-Carter, Richards, & Yates, 2009). So, from the present study as well as with some past literature, it can be said that the acne patients give more importance to their appearance, which may lead to mental health problems.

Now, the research question may arise that why acne as a disease demands more appearance investment, a negative psychological component, of the patient in comparison to other two skin diseases in spite of its less severity and stigmatization? As a causal factor the most common psychological component, viz., 'frustration' can be attributed for this negative investment. In the present study duration of illness was around 6 years. Though the severity is less in comparison to other skin diseases and apparently prognosis is good but the frequent attack of the disease put negative effect on their level of expectation for cure. They expect rapid cure, failure of which leads to frustration. Feeling of hopelessness and social distance take place which may cause psychological ailments including depression, suicidal ideation and anxiety. Psychosomatic symptoms, including pain and discomfort, embarrassment and social inhibition, can also occur (Koo, 1995).

So from above discussion it can be inferred that as a disease acne is less severe in comparison to other two disfiguring diseases and prognosis is better but still due to frequent recurrence acne patients suffer more psychological problems in comparison to that of psoriasis and vitiligo. It can be inferred that patients with acne gives more importance to their disfiguring appearance and it may leads to significant psychosocial impact on one's life.

So, from the present study, it can be recommended to both psychologists and dermatologists not to underestimate the impact of acne and to provide appropriate degree of hope for cure to the patient with acne. Also, proper psychoeducation to the patient as well as to the wider community can be recommended. Another important reflection of the present finding is, if such a common diseased condition demands such strong attention driven by the fear of social rejection the task of treatment both for psychologists and physician will be myriad for other severe dermatological diseases.

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Self concept and Emotional intelligence: A comparative study of Arts and Science college students

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ABSTRACT:

The aim of the present investigation is to study the Self concept and Emotional Intelligence perceived by college student of jalgaon dist. Sample for the study consisted of 140 between age group 18-22 years drawn from jalgaon dist. The participants were assessed with Dr. Verma and sherry Self concept scale and Dr. Upinder Dhar Emotional Intelligence scale. A t test was used to identify the significant level.

Keywords: *Self concept, Emotional Intelligence Arts and Science Students.*

INTRODUCTION:

Self-Concept is a term related to the personality. Without complete development of the Self-Concept personality cannot be developed. So while studying Self-Concept, the study of personality is inevitable. Self concept is play important role in personality development. Self concept is related to emotional intelligence factor. Self concept and emotional intelligence are positively connected of human behavior. There are two most important factor was play the important role of human life.

1. Emotional intelligence –
2. Self concept –

Emotional intelligence is a dynamic construct influenced by diverse biological, psychological, and social factors. A good deal of research has been conducted on emotional intelligence and it was found to be appearing as an important factor in the prediction of personal, academic and career success. Studies on emotional intelligence with respect to various psychosocial correlates have been found in a variety of fields.

Emotional intelligence (EI) is the ability to monitor one's own and other people's emotions to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior. However, substantial disagreement exists regarding the definition of EI, with respect to both terminology and operationalizations. Currently, there are three main models of EI:

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1. Ability model-
2. Mixed model -
3. Trait model-

- **Self-concept** may be defined as the totality of perceptions that each person has of themselves, and this self-identity plays an important role in the psychological functioning of everyone.
- The capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically.

REVIEW

In their study conducted on students of Faculty Science, Engineering Faculty, College of Physical Education, Faculty of Law, Faculty of Letters, Faculty of Fine Arts and Health Science; Erdoğan and Kenarlı (2008) determined that there are relations between academic Achievements and especially understanding own emotions and Emotion Management sub- scales of Emotional Intelligence.

Similarly Ciarrochi, Chan and Bajgar (2001) found that EI was reliably measured in adolescents and was higher for females than males.

In the study reported by Uma Devi and Rayal (2004) based on gender differences among EI (N=224) it was revealed that seventy six percent of girls have scored EI above average. Whereas, eighty one percent of boys have scored their EI above average. This concluded that boys have scored slightly higher on their emotional intelligence as compared to their counterparts.

Dr. R. K. Yadav & Aarti Yadav studied Value pattern & self-concept of Arts & Science senior secondary students. Result indicated that there is significant difference between self-concept of science & arts group students.

According to the study of Conroy (2003) achievement motivation is working as another British Journal of Arts and Social Sciences motivational factor for the effective functioning of creativity. Self- concept also is important with regard to achievement motivation, because, people who feel favorably about themselves tend to work hard.

AIM OF THE STUDY

The aim of the present research study was to find out the effect of self concept and emotional intelligence of arts and science faculty students.

OBJECTIVE OF THE STUDY

- To find out the difference in self concept of arts and science faculty students.
- To find out the difference in emotional intelligence of arts and science faculty students.

HYPOTHESIS OF THE STUDY

- There is significant difference in self concept between the arts and science faculty students.
- There is significant difference in emotional intelligence between the arts and science faculty students.

VARIABLES

- **Independent variable –**
 - A) Gender – 1) Male 2) Female
 - B) Faculty – 1) Arts 2) Science
- **Dependent variable –**
 - A) Self-concept
 - B) Emotional intelligence

METHODOLOGY

Sample

The sample of the study consists of 120 students (60 male and 60 female) Sample of the study was selected simple random sampling from the college going students of jalgaon Dist. Their age range was 18 – 22 years. Thus, the male and female student's ratio was 1:1.

Tools

For measuring some independent variables and the dependent variable following standardized tests and scale was used.

Self concept test

This test was constructed and standardized by Dr. Sherry, Verma and Goswami. This test consists of 48 items. The statements of the test are simple and declarative about self, seeking responses in YES or NO. Responses are obtained on an answer sheet and this booklet can be used again and again. There is no time for completing the test but the respondent is advised to complete the test as quickly as possible. Generally it takes a respondent about 20 minutes to complete the test. This test consists of 08 dimensions of self concepts.

Emotional Intelligence

This test was constructed and standardized by Dr. HYDE, PETHE AND DHAR (2002). This test consists of 34 items. This test consists of 10 dimensions of self concepts. The split- half reliability coefficient has been found to be 0.88.

The Validity has been found to be 0.93.

Research Design –

Since, there were two independent variable and each variable was classified at two levels. A 2x2 factorial design was used.

RESULT AND DISCUSSIONS

In this part investigator has explained the result related to statistical analysis and hypothesis.

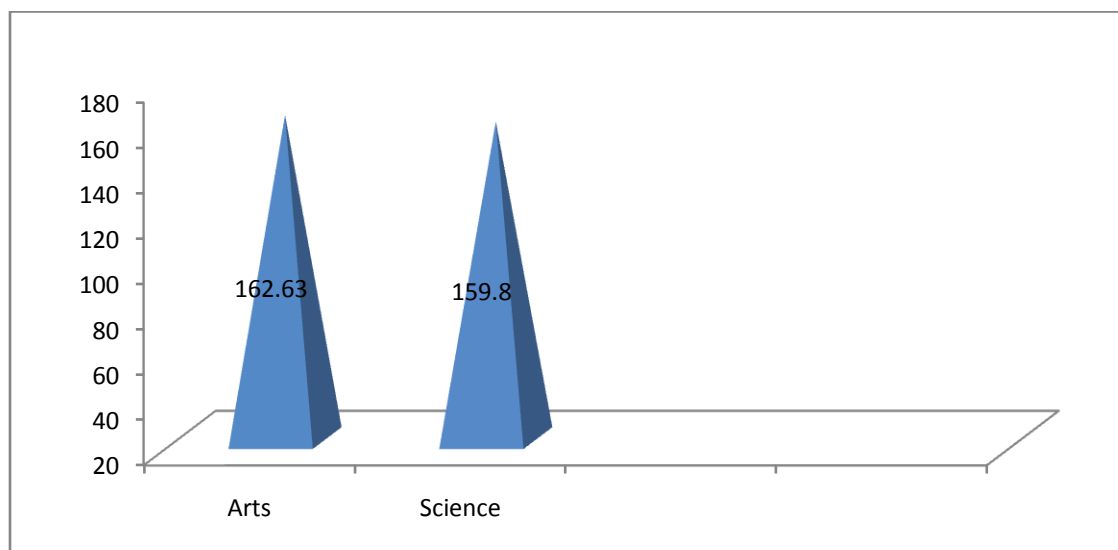
- **Hypothesis no -01** There is significant difference in Self-concept between the arts and science faculty students.

Table no – 01 Faculty wise comparison on Self-concept

Faculty	N	Mean	SD	t	Sig. Level
Arts	60	162.63	15.48	1.05	NS
Science	60	159.83	13.94		

Table no 1 shows the self concept level among arts and science faculty students. The researcher found that the mean value on self concept of arts faculty students was 162.63 and SD is 15.48. Similarly the mean value on self concept of science faculty students was 159.83 and SD is 13.94. The calculate “t” value is 1.05. It is not significant at 0.01 levels. It indicates that there is no significant difference in self concept between the arts and science faculty students. That’s why above hypothesis is rejected.

Faculty wise comparison on Self-concept



Graph no 01

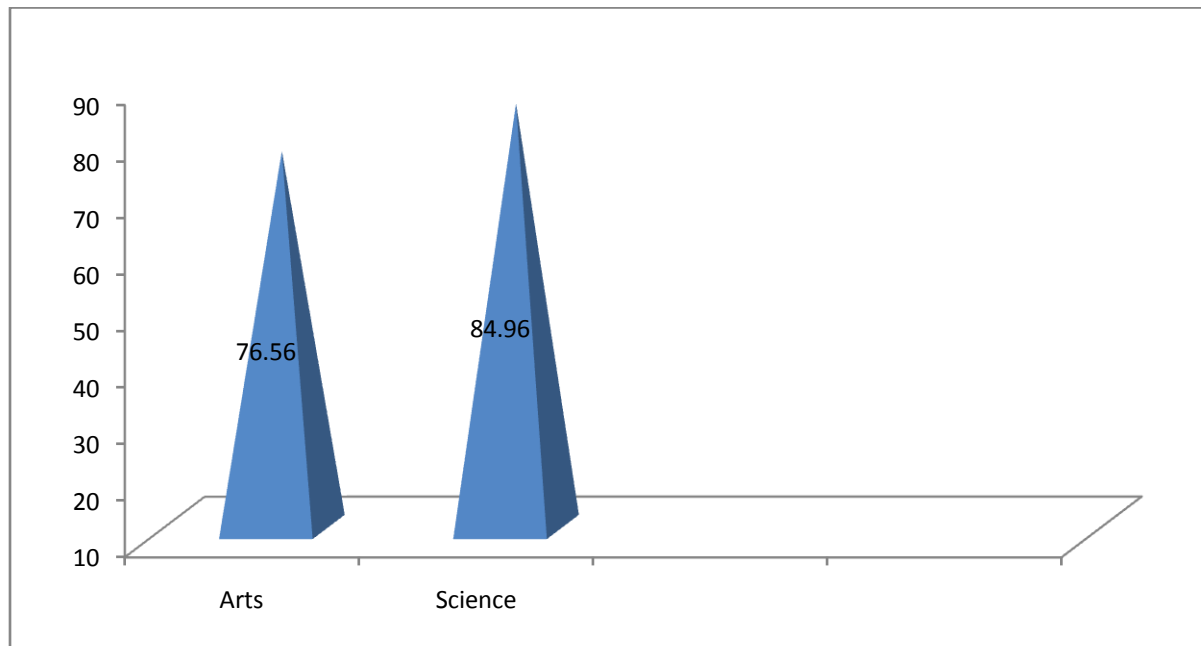
- **Hypothesis no- 2** There is significant difference in emotional intelligence between the arts and science faculty students.

Table no – 02 Faculty wise comparisons on Emotional intelligence

Faculty	N	Mean	SD	t	Sig.Level
Arts	60	76.56	12.88	4.70	0.01
Science	60	84.96	4.99		

Table no 1 shows the self concept level among arts and science faculty students. The researcher found that the mean value on emotional intelligence of arts faculty students was 76.56 and SD is 12.88. Similarly the mean value on emotional intelligence of science faculty students was 84.96 and SD is 4.99. The calculate “t” value is 4.70. It is significant at 0.01 levels. It is indicates that there is significant difference in emotional intelligence between the arts and science faculty students. That’s why above hypothesis is accepted.

Faculty wise comparison on Emotional intelligence



Graph no - 02

DISCUSSIONS –

The aim of the present study was to find out the effect of in self concept and emotional intelligence of arts and science faculty students.

First hypothesis Result obtained after analysis it data are show table no -1 reveals that no significant difference was found between arts and science faculty students with reference to their self concept. That's why above hypothesis is rejected.

Second hypothesis result obtained after analysis it data are show table no-2 reveals that there would be significant difference was found between arts and science faculty students with reference to their emotional intelligence. This significant “t” value (4.70) indicates that faculty significantly affects the emotional intelligence. The mean value of emotional intelligence of arts faculty students is 76.56, science faculty students is 84.96. This reveals the fact that science faculty students have highest emotional intelligence than arts faculty students. The finding of the present study is in agreement with the studies conducted by Thingujam and Ram (2000) also supported these findings. They found that in their attempt of Indian adaptation of Emotional Intelligence Scale (Schutte et al, 1998) had developed Indian norms (N=811) for males and females separately and found that women were significantly scoring higher than men. Another supportive study found that Mohanty and Devi. L (2010) have revealed in their study on gender differences among EI (N=60) that girls are more optimistic and well aware of their feelings in

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comparison to boys. Girls are more aware and understand their own feelings (Components of EI) than boys. In their study conducted on students of Faculty Science, Engineering Faculty, College of Physical Education, Faculty of Law, Faculty of Letters, Faculty of Fine Arts and Health Science; they found that determined that there are relations between academic achievements and especially understanding own emotions and Emotion Management sub- scales of Emotional Intelligence. That is why the above finding can be supported by the conclusion of the studies carried out by Erdoğan and Kenarlı (2008).

CONCLUSION –

- There is no significant difference in Self-concept between the arts and science faculty students.
- There is significant difference in emotional intelligence between the arts and science faculty students. Science faculty students have highest emotional intelligence than arts faculty students.

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A Comparative Study Job Satisfaction among the Working Men in Industrial Area

Dr. Bhartiben Vyas¹

ABSTRACT:

The present study is an attempt to measure overall job satisfaction of industrial workers, to identify some determinants of job satisfaction, and to evaluate the perceived importance of job facets to their overall job satisfaction. The term job satisfaction refers to favorable or unfavorable feelings and emotion of the employees towards their own work. It refers to the satisfaction of the employee in his own profession. Job satisfaction is the result of various attitudes possessed by an employee towards his job. These attitudes may be related to job factors such as wage, job security, job environment, nature of work, opportunity for promotion, prompt removal of grievance, opportunity for participation in decision making and other fringe benefits. Life is itself a process of adjustment. If anyone wants satisfaction in life, then they have to adjust with their environment. The total sample consisted of 240 men from different industrial Area in south Gujarat. The sample was selected from randomly. Job satisfaction scale By Brefild Roth (Gujarati Format By Parikh) developed were used for data collection. 2×3×2 factorial design was used.

Keywords: *Job Satisfaction, Industrial Area*

INTRODUCTION:

Job satisfaction is the collection of tasks and responsibilities regularly assigned to one person, while a job is a group of positions, which involves essentially the same duties, responsibility, skill and knowledge". Job satisfaction has some relation with the mental health of the people. It spreads the goodwill of the organization. Job satisfaction reduces absenteeism, labour turnover and accidents. Job satisfaction increases employee's morale, productivity, etc. Job satisfaction creates innovative ideas among the employees. Individuals may become more loyal towards the organization Employees will be more satisfied if they get what they expected, job satisfaction relates to inner feelings of workers. Naturally it is the satisfied worker who shows the maximum effectiveness and efficiency in his work. Most people generalize that workers are concerned more about pay rather than other factors which also affects their level of satisfaction, such as canteen facilities, bonus, working conditions, etc. these conditions are less significant when compared to pay.

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STATEMENT OF THE PROBLEM

Employees play an important role, so employee's satisfaction is a very essential one, hence there arises a need to study the job satisfaction of paper mill employees,

Job satisfaction is an internal component of work climate. While working in organizations, people develop a set of attitudes about the work, supervision, coworkers, working conditions, and so on. This set of attitudes is referred to as job satisfaction. The term satisfaction generally implies the fulfillment acquired by experiencing various job activities.

Man works not only for money alone but also to satisfy his higher order needs, needs to be recognized, to be appreciated and to feel a sense of achievement in whatever one does. Employees in different establishments view their respective worlds of work in different perspectives for various reasons. They may differ in their respective personalities, needs, and social background or in demographic factors. But the facts remain that they tend to act or behave in their peculiar way on the background of their perceptions.

A person joins an organization with certain hopes, expectations, drives and needs which affect his performance. Sometimes it seems to be difficult to ascertain. This varies from person to person. However it is highly useful to understand as to how the need creates tension, which stimulates the effort to perform and how effectively performance brings satisfaction.

The workers' satisfaction in work is greatly affected by the physical condition in which the work is done, the way in which the flow of work is organized and the equipments and materials with which the work is done.

Hoppock (cited by Ganguli 1964) who has made pioneering studies on job satisfaction mentioned the following six factors as major determinants of job satisfaction.

- i) The manner in which the individual reacts to unpleasant situation.
- ii) The facility with which he adjusts himself to other persons.
- iii) This relative status in the social and economic groups with which he identifies himself.
- iv) The nature of work in relation to the man's abilities, interests and training.
- v) Security
- vi) Loyalty.

Richard Wynn (1966) has emphasized the following factors influencing satisfaction in the job.

- i) Intrinsic value of work
- ii) Security of life
- iii) The right to participate
- iv) Recognition and approval
- v) Human treatment
- vi) Self expression

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There are three important dimensions to job- satisfaction:

- 1) Job- satisfaction refers to one's feeling towards one's job. It can only be inferred but not seen.
- 2) Job satisfaction is often determined by how well outcomes meet or exceed expectations. Satisfaction in one's job means increased commitment in the fulfillment of formal requirements. There is greater willingness to invest personal energy and time in job performance.
- 3) The terms job-satisfaction and job attitudes are typically used interchangeably. Both refer to effective orientations on the part of individuals towards their work roles, which they are presently occupying.

Present study is an attempt to trace out the level of job satisfaction of the working men in industrial Area and the significant difference among the working men engaged in different professions in respect of their job satisfaction has also been studied.

RESEARCH PROBLEM

Presented research study's problem : A Comparative study Job satisfaction among the working men in industrial Area

RESEARCH PURPOSE

The purpose of all this research was to look at different industrial Area and contentment to living on campus. Researchers interested in this area have wanted to determine how well working men fit into the lifestyles and Job satisfaction on campuses.

REVIEW OF LITERATURE

The study of job satisfaction is a topic of wide interest to both people who work in organizations and people who study them. Job satisfaction has been closely related with many organizational phenomena such as motivation, performance, leadership, attitude, conflict, moral etc. Researchers have attempted to identify the various components of job satisfaction, measure the relative importance of each component of job satisfaction and examine what effects these components have on employees' productivity.

1. **Keith Davis**, "Job satisfaction is defined as "Favorableness or unfavorableness with which the employees view their work and results when there is a fit between job characteristic and wants of the employees"
2. **Stephen P. Robbins**: Job satisfaction as the "difference between the amount of rewards the workers receive and the amount they believe they should receive".
3. **Further** he says, "Job satisfaction is an individual general attitude towards his or her job".

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4. **C. B. Mamoria** explains: “job satisfaction is the collection of tasks and responsibilities regularly assigned to one person while a job is a group of positions, which involves essentially the same duties, responsibility, skill and knowledge”.
5. **In Locke** words, “Job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience”.
6. **Robert L. Kahn reveals**, “Job satisfaction does seem to reduce absence, turnover and perhaps accident rates”
7. **Robert A. Baron:** Job satisfaction is the positive or negative attitude held by individuals toward their job
8. **Further** he says, “Job satisfaction is defined as individual cognitive, affective and evaluative reaction towards their job”.
9. **Spector (1997)** refers to job satisfaction in terms of how people feel about their jobs and different aspects of their jobs.
10. **Ellickson and Logsdon (2002)** support this view by defining job satisfaction as the extent to which employees like their work.

OBJECTIVES

In this research paper Independent variable are Educational Category, Age and Type of salary & dependent variables is Job satisfaction. Following main objective are kept in this research paper.

1. To study the Job satisfaction of working men in surat industrial Aria.
2. To study the effect of Category on Job satisfaction.
3. To study the effect of Age on Job satisfaction.
4. To study the effect of City on Job satisfaction.

LIMITATIONS OF THE STUDY

- The survey is subjected to the bias and prejudices of the respondents. Hence 100% accuracy can’t be assured.
- The researcher was carried out in a short span of time, where in the researcher could not widen the study.
- The study could not be generalized due to the fact that researcher adapted personal interview method.

VARIABLES OF THE STUDY

1. **DEPENDENT VARIABLES** :- Job satisfaction as a dependent variable
2. **INDEPENDENT VARIABLES** :- Category, Age, Type Of city
 1. **Type of Category** :-
 1. Open category
 2. SC/ST/Baxi category

2. Type Of Age :-

1. Age between 35 to 45 years,
2. Age between 46 to 55 years,
3. Above 56 years

3. Type of City :-

1. Surat city
2. Bharuch city

HYPOTHESES-

1. There will be no significant difference between category (Open and SC/ST/BAXI) in relation to Job satisfaction.
2. There will be no significant difference between type of Age (35 to 45, 46 to 55, Above 56 years) in relation to Job satisfaction.
3. There will be no significant difference between type of City (Surat and Bharuch city) in relation to Job satisfaction.
4. There will be no significant difference between category & type of Age in relation to Job satisfaction.
5. There will be no significant difference between type of Age & type of City in relation to Job satisfaction.
6. There will be no significant difference between type of City and type of category in relation to Job satisfaction.
7. There will be no significant difference between Category, Age, and Type of City in relation to Job satisfaction.

TOOLS-

There are 18 statement of Job satisfaction questioner developed by Bredford Roth (1985) (Gujarati Format By Parikh). 9 affirmative and 9 negative items. Five point scale rate is use in this questioner for affirmative word 5,4,3,2, and 1 score is give while for negative word the opposite number 1,2,3,4 and 5 score given. affirmative statement no 1, 2, 5, 7, 9, 12, 13, 16, and 18 also negative statement no 3, 4, 6, 8, 10, 11, 14, 15, and 17. This score range is from 18 to 90. The test retest reliability of the scale is 0.71 (N=50).

RESEARCH DESIGN:

2×3×2 factorial research design is for used the research.

Total : 240

Variable	open category			SC/ST/Baxi		
	Age between 35 to 45 years	Age between 46 to 55 years	Age above 56 years	Age between 35 to 45 years	Age between 46 to 55 years	Age above 56 years
Surat city	20	20	20	20	20	20
Bharuch city	20	20	20	20	20	20
Total	40	40	40	40	40	40

SAMPLE

To select the sample Type of category, Type of Age, Type of City were considered as per independent variable taken in this research. Stratified random sampling method was employed of select the unit of sample. Total sample of the present investigation comprised 240 adolescences, in which 120 men were from open category and 120 SC/ST/Baxi category. Both groups entail equal number of Age between 35 to 45, 46 to 55, and Age above 56 years. Again each group was divided by equal number of Surat city and Bharuch City. Thus total sample includes 12th components as shown in the following table.

STATISTICAL ANALYSIS

The data were analyzed as follows; The mean with graphical representation for Type of Category (open and SC/ST/Baxi category), Type Of Age (Age between 35 to 45 years, 46 to 55 years, age above 56 years) and Type of City (Surat city and Bharuch city) on working men Job satisfaction was analyzed. A 2x3x2 factorial design was subjected to adequate of statistical analysis viz. technique of Analysis of variance (ANOVA) in order to examine the roll of main variables and to industrial Aria their main as well as interaction effects subsequently on working men's Job satisfaction.

RESULT AND INTERPRETATION

Dependent Variable : Job satisfaction

The aim of the present study was to investigate the effect of category, Type of Age, Type of City variable on Job satisfaction.

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Table 1 ANOVA for Job satisfaction in context of category, Type of Age, Type of City variable :

SOURCE of variance	SUM OF SQUARE	DF	MEAN SUM OF SQUARE	F	LEVEL OF SIG.
Main effects					
SSA	1233.07	1	1233.07	15.38	0.1
SSB	145.16	2	72.58	0.91	N.S
SSC	3038.817	1	3038.82	37.9	0.1
Interaction effects					
SSAXB	237.7583	2	118.88	1.48	N.S
SSBXC	25.15833	2	12.58	0.16	N.S
SSCXA	160.0667	1	160.07	2.00	N.S
SSAXBXC	105.7583	2	52.88	0.66	N.S
SSW	18277.8	228	80.17		
SST	23223.58	239			

Significance Level

N.S = Not Significant

N	0.05	0.01
(Df1)228	3.87	6.72
(Df2) 228	3.03	4.68

Table 2 F value and mean for Category variable : A

Category	N	Mean	F	Sig. level
A1	120	58.78	15.38	0.1
A2	120	63.31		

Table 3 F value and mean for Type of Age variable : B

Type Of Age	N	Mean	F	Sig. level
B1	80	60.58	0.91	N.S
B2	80	60.41		
B2	80	62.14		

Table 4 F value and mean for Type of salary variable : C

Type of City	N	Mean	F	Sig. level
C1	120	57.48	37.9	0.1
C2	120	64.6		

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Table 5 F value and mean for Category and Type of Age variable : AXB

Variable	Category			
Type Of Age	A1	A2	F	Sig. level
B1	57.38	63.78	1.48	N.S
N	40	40		
B2	57.7	63.13		
N	40	40		
B3	61.25	63.03		
N	40	40		

Table 6 F value and mean for Type of Age and Type of City variable : BXC

Variable	Type Of Age				
Type of City	B1	B2	B3	F	Sig. level
C1	56.65	56.8	59	0.16	N.S
N	40	40	40		
C2	64.5	64.03	65.28		
N	40	40	40		

Table 7 F value and mean for Type of City and type of Category variable :CXA

Variable	Type Of Category			
Type of City	A1	A2	F	Sig. level
C1	54.4	60.57	2.00	N.S
N	60	60		
C2	63.15	66.05		
N	60	60		

Table 8 F value and mean for Category, Type of Age and Type of City variable :AXBXC

Variable	A1			A2			F	Sig. level
	B1	B2	B3	B1	B2	B3		
C1	53.5	53.15	56.55	59.8	60.45	61.45	0.66	N.S
N	20	20	20	20	20	20		
C2	61.25	62.25	65.95	67.75	65.8	64.6		
N	20	20	20	20	20	20		

MAIN EFFECT :-

The result reveal at that category, Type of Age, Type of City variables are all significant at level of 0.01.

Table - 2 shows F value and mean for Category variable. In which, mean for open category workers 58.76 and for SC/ST/Baxi category workers is 63.31 and F value is 15.38 which is significant at the level of 0.01. Thus, there is a significant difference in Job satisfaction level of among open and SC/ST/Baxi category workers. In which SC/ST/Baxi category workers have highest mean than other groups, says that they have more good Job satisfaction level than other group.

Table - 3 shows F value and mean for Type of Age variable. In which, mean for Age between 35 to 45 years workers is 60.58, Age between 46 to 55 years age is 60.41 and Age above 56 years is 62.13 and F value is 0.91 which is not significant at the level of 0.01. So, there is no significant difference in Job satisfaction level among Age between 35 to 45 years, 46 to 55 years, and above 56 years. In which Age above 56 years worker have highest mean than other groups, says that they have more good Job satisfaction level than the other group.

Then, table -4 shows F value and mean for type of City variable. In which, mean for Surat city is 57.48 and for Bharuch City is 64.6 and F value is 37.9 which is significant at the level of 0.01. Therefore, there is a significant difference in Job satisfaction level Surat city and Bharuch City. In which Bharuch City workers have highest mean than other groups, says that they have more good Job satisfaction level than the other group.

INTERACTIONAL EFFECT :-

Table -5 shows F value and mean of A x B for interactional effect of category and type of Age variable on Job satisfaction. There were six group in which mean for Age between 35 to 45 years open category workers is 57.38, Age between 46 to 55 years open category workers is 57.7, Age above 56 year open category workers is 61.25, Age between 35 to 45 years SC/ST/Baxi category worker is 63.78, Age between 46 to 55 years SC/ST/Baxi category worker is 63.13 and Age above 56 year up SC/ST/Baxi category men workers is 63.03. Their F value is 1.48 which is not significant at the level of 0.01. **In which Age between 35 to 45 years SC/ST/Baxi category workers have highest mean than other five groups. It means Age between 35 to 45 years SC/ST/Baxi category workers have more good Job satisfaction level than the other groups.**

Table - 6 shows F value and mean B x C for interactional effect of Type of age and City variable on Job satisfaction. There were six groups in which mean for Surat city in Age between 35 to 45 years is 56.65, Bharuch city in Age between 35 to 45 years is 64.5, surat city in Age between 46 to 55 years is 56.8, Bharuch city in Age between 46 to 55 years is 64.03, surat city in Age above 56 years is 59 and Bharuch city in Age 56 years is 65.28. F value of these group is 0.16 which is not significant. It shows that there is significant difference in any of these five group in Job

satisfaction. **In which Bharuch city in Age 56 years have highest mean than other groups, say that they have more good Job satisfaction level than the other group.**

Table – 7 shows F value and mean C x A for interactional effect of City and type of category variable on Job satisfaction. There were four groups in which mean for Surat city in open category workers is 54.4, Bharuch city open category workers is 63.15, Surat city ST/SC/Baxi category workers is 60.57 and Bharuch city ST/SC/Baxi category worker is 66.05. F value for these group is 2.00 which is not significant at the level of 0.01. **In which Bharuch city ST/SC/Baxi category workers have highest mean than all other groups, says that they have more good Job satisfaction level than the other group.**

Table - 8 shows F value and mean A x B x C for interactional effect of category, type of Age and type of city variable on Job satisfaction. There were twelve group. F value of these groups is 0.66 which is not significant at the level of 0.01. **In these groups, SC/ST/Baxi Age between 35 to 45 years in Bharuch city have highest mean than other eleven groups, says that they have more good Job satisfaction level than the other group.**

CONCLUSIONS :

1. There will be significant difference between category (Open and SC/ST/BAXI) in relation to Job satisfaction.
2. There will be no significant difference between type of Age (35 to 45, 46 to 55, 56 up) in relation to Job satisfaction.
3. There will be significant difference between type of City (Surat and Bharuch city) in relation to Job satisfaction.
4. There will be no significant difference between category & type of Age in relation to Job satisfaction.
5. There will be no significant difference between type of Age & type of City in relation to Job satisfaction.
6. There will be no significant difference between type of City and type of category in relation to Job satisfaction.
7. There will be no significant difference between Category, Age, and Type of City in relation to Job satisfaction.

RECOMMENDATION

Opportunities for future study have emerged as a result of this study. In addition to overcoming the limitations of data gathering, additional research is needed to observe the relationships between job satisfaction and work conditions, pay and promotion, fairness, job security, relationship with supervisor and co-workers. The limitations have contributed to the lack of arriving at many strongly statistically proven findings and conclusions. For future research the following suggestions should be considered:

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- 1) It is suggested that for future research a proportionate stratified random sample be used to compare several public sector institutions using a larger sample.
- 2) The research is needed to further investigate the potential relationships and affects these variables and other extraneous variables, such as role ambiguity, job level, contingent rewards and co-work have on job satisfaction.
- 3) Qualitative investigators must conduct research regarding the job satisfaction of pharmaceuticals companies. This research method will provide a different perspective of employees, job satisfaction and contribute a more in-depth understanding of how employees view their job.

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Psychological Problems during Advance Stage of Pregnancy

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ABSTRACT:

Background: Physical changes can be seen throughout the pregnancy along with mood swings and other psychological or emotional reaction. Advance stage of pregnancy mainly during third trimester may affect more the women psychologically.

Purpose: Present study was conducted to expand the limited knowledge base regarding the potential psychological problems faced by women during the third trimester or advance stage of pregnancy.

Method: Psychological problems were investigated in 40 pregnant women 18- to 34 years old through Symptoms Checklist-90-R and General Health Questionnaire-28 during their third trimester. They were compared with 30 normal controls. Statistical analysis was done using SPSS (13.0 ver.).

Result: The result suggest that during advance stage/third trimester of pregnancy women experience psychological problems, namely, somatization, interpersonal sensitivity, depression, anger hostility, phobic anxiety, psychotism and disturbance in sleep and appetite and these symptoms may associate to their current age and duration of pregnancy.

Conclusion: Psychological factors during pregnancy and childbirth are important and that there can neglect can cause grave damage resulting in lifelong costs to the infant, parents and society. Women should formulate a treatment plan to manage common psychological problems too during pregnancy.

Keywords: *Third Trimester, Childbirth, Pregnancy, Anxiety, Depression.*

INTRODUCTION:

Understanding the impact of psychological problems faced by pregnant women, on their mental health and pregnancy, is vital for the well being of the mother and the child. While pregnancy is often considered as the golden period in a woman's life, there are a host of physical as well as mental challenges faced by them then, which usually go unnoticed.

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Increasingly we are learning that the environment a baby is exposed to inside the womb is a very important long-term determinant of mental and physical health for the child. The common conception that a mother's psychological state can influence her unborn baby is to some extent substantiated by the literature. While the apparent physical problems associated with pregnancy are often addressed, it is the psychological challenges related to mental health and pregnancy, which often go unheeded. Although pregnancy and childbirth have gained some recognition, as significant risk factors in the development and exacerbation of mental health issues, most women are still unaware of the devastating effect of these conditions. As a matter of fact, nearly 20% of women suffer from mood or anxiety disorders during the gestation and postpartum periods, with the women with a previous history of mental problems being at an increased risk. However whether the condition affects the woman during pregnancy or post it, it can cause significant morbidity for the mother as well as the child. It is therefore vital that the patient be well informed about the risks involved on both sides and take into account her specific diagnosis and the recommendations of the health care provider.

Common psychological problems during pregnancy

Pregnancy and childbirth are developmental phases in the family life cycle with attendant psychological changes and stresses. Most healthy women have some distress ranging from the discomfort associated with abdominal enlargement and the discomforts of pregnancy to complications that cause disruption of work and restriction of social activities. The physiological processes of pregnancy are apt to provoke accompanying psychological phenomena. In fact, every physiological phase in the course of pregnancy has its specific psychological accompaniment. The surplus of innervations, the gradual organization of the somatic excitation processes, the changes in the circulation of the blood, the glandular functions and the process of nourishment of the tissues connected with pregnancy – all constitute an added physical strain that naturally must extend to the psychological sphere. These glandular or hormonal dysfunctions in women during pregnancy can cause vestibular and/or cochlear problem. Schmidt et al. (2010) observed in their study that tinnitus as a main auditory complaint was present among 33% of the pregnant women.

The degree of psychological stress associated with the process will vary depending on the women's developmental experiences, current life situation, and ability to adapt (Novak & Broom, 1995).

The degree of acceptance is reflected in the woman's readiness for pregnancy and her emotional responses. The woman's attitude toward her pregnancy may be one of pride, acceptance, rejection or ambivalence. If the woman sees her pregnancy as an illness, she may perceive herself as unattractive, vulnerable, and uncomfortably dependent on other. These negative self-attitudes are likely to produce increased anxiety and irritability, which are then cycled through changes in the bloodstream to the foetus (e.g., de Muylder, 1989).

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Most researches in this area has focused on anxiety and depressive symptoms (Littleton et al. 2007), rather than other psychiatric problems.

There are various gestational or antepartum disorders that affect women during pregnancy and postpartum or postnatal mood disorders that occur after pregnancy as a result of physiological and hormonal changes. The common psychological problems that could be reported in previous studies are depression, anxiety, stress, OCD, phobic reaction, somatic disturbance, irritability, sleep disturbance etc.

A wide range of concerns unique to pregnant women has been identified as pregnancy-specific anxieties, stressors, or both (Arizmendi & Affonso, 1987; DaCosta, Brender, & Larouche, 1998; Huizink, Mulder, Robles de Medina, Visser, & Buitelaar, 2004; Kumar, Robson, & Smith, 1984; Yali & Lobel, 1999). Because, pregnancy itself presents unique psychological challenges (Carlson & LaBarba, 1979; Holmes & Rahe, 1967; Zajicek & Wolkind, 1978).

Though, psychological problems continued through first trimester to third trimester, overall among 14.1% of women were to be found suffering from psychiatric disorders during their second trimester, specially depression 3.3% to 6.9% and anxiety disorders 6.6% (Andersson et al. 2003; Bunevicius et al. 2009), panic disorder 2.5% (Guler et al. 2008). Similarly, Kim et al. (2008) reported 7.7% and 6.8% of the women were at-risk range for depression during the third trimester and after delivery, respectively. The prevalence rate of OCD was reported 3.5% among the women in the third trimester of pregnancy in which 0.5% developed OCD during the second trimester (Uguz et al. 2007).

Lopes et al. (2004) reported sleep disturbance during each trimester of pregnancy on their study conducted on 11-to-40 years-old pregnant women. They reported excessive daytime sleepiness by 14%, mild sleepiness increased by 48% and the rate for specific awakenings increased by 84% during the third trimester.

The psychological adaptation to pregnancy varies with the course of pregnancy. In the first three months, intensive physiological changes such as nausea, vomiting, dizziness, headaches, and appetite disturbances, create a special kind of psychological stress for the expectant mother, which is the chief determinant of her emotional experiences. During the second three months, it is generally believed that women feel at their best both physically and mentally and that this period is a relatively tranquil time (Campbell & Field, 1989). In the last three months, it appears that every woman experiences, somewhat, an approach – avoidance conflict about delivery. On the one hand, she expects to complete her pregnancy satisfactorily but on the other delivery promotes fear and anxiety. According to Miller's (1951) theory on conflict, the nearer the individual is to the goal in an approach – avoidance conflict, the higher the anxiety level. Thus, as the pregnant woman gradually adapts to her physiological state, the initial psychological stress declines, to be followed by a new kind of stress, characterized by

anxiety, increase in emotional lability, tension, irritability, nightmares, depression, and insomnia (Rofe, Blittner, & Lewin, 1993).

On the basis of the existing literature the goal of the current study was to expand the limited knowledge base regarding the potential psychological problems faced by women during the third trimester or advance stage of pregnancy.

METHODOLOGY

Sample – The sample for the present study consisted of forty women having third trimester of pregnancy and had no history of psychiatric illness attending outdoor gynecologic unit at sub-divisional hospital, Chas, Bokaro and thirty non-pregnant women as normal control with no history of psychiatric illness to them or to their family were selected from different localities of Bokaro, Jharkhand. The mean age of pregnant women and normal control was 24.02 ± 3.96 and 24.70 ± 4.04 years respectively. The difference was statistically non-significant (t value = 0.69; df = 68). Other socio-demographic characteristics of caregivers are given in Table 1. Comparison shows that pregnant women who participated in the study did not differ statistically from normal participants in respect to education, marital status, socioeconomic status, religion and types of family. However, participants were statistically differing by living background. Though, no study could found suggesting the affect of living background in psychological health during pregnancy.

Tools – The following tools have been used for the collection of data in the present study:

Socio-demographic and clinical data sheet – This data sheet was specially designed and used to gather information about sample characteristics and clinical variables i.e. name, age, education, socioeconomic status, religion, types of family, duration of pregnancy, history of psychiatric illness etc.

Symptoms Checklist-90-R (SCL-90-R) – The SCL-90-R (Derogatis, L.R., 1994) is a 90-item, multidimensional self-report inventory designed to screen for a broad range of psychological problems and symptoms of psychopathology. There are nine primary symptom dimensions that are measured: somatization (perception of bodily dysfunction), obsessive-compulsive, interpersonal sensitivity (feelings of personal inadequacy or inferiority), depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychotism and additional scale (items are poor appetite, trouble falling asleep, thought of death or dying, overeating, awakening in the early morning disturbed sleep, feelings of guilt). The respondent rates each item on 5-point scale which assesses the severity of the symptom.

General Health Questionnaire-28 – The GHQ-28 scale was derived by factor analysis of the original 60-item version (Goldberg and Hillier 1979) and prepared mainly for research purposes. The GHQ-28 incorporates four subscales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. The respondent rates each GHQ-28 item on 4-point scale which assesses the severity of the symptom within past few weeks. The scale score ranges are 0

(for first two options) and 1 (for last two options). The maximum possible raw GHQ-28 total score is 28. The cut-off score is 5.

RESULT

Psychological problems were assessed using symptoms checklist-90-R and General health questionnaire-28. To compare the psychological problems of pregnant and Non-pregnant women on the different variables of SCL-90-R and GHQ-28 t-test was applied. Result shows that both groups were statistically differ on somatization, interpersonal sensitivity, depression, anger hostility, phobic anxiety, psychotism and additional scale variables of SCL-90-R (table -2). But statistically no significant difference was found between both groups on GHQ-28 variables (table-3). This might be due to low in severity of the presented symptoms by the pregnant women. The result suggest that women during their advance stage of pregnancy experience some kind of psychological problem i.e. somatization, interpersonal sensitivity, depression, anger hostility, phobic anxiety, psychotism and other additional psychological problems e.g. disturbed sleep, disturbed appetite, and guilt and death ideas.

Further, the severity of the psychological problems among pregnant women may associate to their current age and duration of pregnancy. Results (table 4) show significant positive correlation between age of pregnant women and the following variables of SCL-90 e.g. somatization, interpersonal sensitivity, depression, anger hostility, paranoid ideation and psychotism. Similarly positive correlation was found between duration of pregnancy and interpersonal sensitivity, psychotism and additional scale. Though, there was no significant correlation was found between current age of pregnant women and GHQ-28 variables (table 5) and duration of pregnancy and GHQ-28 variables (table 5).

DISCUSSION

This is, to our knowledge, though many studies examining emotional difficulties during different trimester of pregnancy mainly focused to anxiety and depressive symptoms. We highlight in the present study to the nature of other psychological problems including anxiety and depression experiencing by women during their third trimester or advance stage of pregnancy and the association of these psychological problems with age and duration of pregnancy.

The data demonstrated that women during third trimester of pregnancy experienced various levels of psychological difficulties than non-pregnant women of similar age group and other socio-demographic status. The pregnant women during third trimester experienced more somatization, interpersonal sensitivity, depression, anger hostility, phobic anxiety, psychotism and disturbance in sleep and appetite than non-pregnant women. Our results are in accord with some of the previous findings but not for all. For example, depressive symptoms (Kim, et al., 2008; Evans, et al., 2001; Brooks, 2009), sleep disturbance (Iopes, et al., 2004; Ko, et al., 2010),

pregnancy specific anxieties (DaCosta, et al., 1998; Huizink, et al., 2004) were also reported during third trimester in previous findings. In the present study the symptoms of OCD, anxiety and paranoid ideation could not be elicited during third trimester of pregnancy. Though, previous findings reported OCD (Uguz, et al., 2007; Forray, et al., 2010) during perinatal period or third trimester. This variation might be because of higher frequencies of family of OCD (Uguz, et al., 2007) or preexisting disorder (Forray, et al., 2010) in previous studies.

The present study suggested that age and duration of pregnancy definitely has an impact on the psychological problems in women during third trimester. The possibility is that the earlier age of pregnancy might develop more psychological problems because of lesser previous experience in this regard. However, no review literature could be found such findings and need further study to elaborate the reason. Similarly, duration of pregnancy also affect pregnant women's interpersonal sensitivity, paranoid ideation and sleep and appetite disturbance. Although previous study suggested variation in depressive disorder during second and third trimester of pregnancy (Bunevicius, et al., 2009) however, there is no significant association could be found between duration of pregnancy and depression.

Since cross-sectional assessment was done in the present study, causal inference could not be drawn. However literature suggests that each trimester of pregnancy adapts a different physiological state to be followed by a new kind of stress, i.e. anxiety, emotional lability, tension, irritability, nightmares, depression, insomnia etc (Rofe, et al. 1993). Another possibility is that during advance stage of pregnancy the psychological as well as social role is changed that restrict their social and physical activity might increase psychological problems.

The present study tries to find out the nature of psychological problems among pregnant women during their third trimester or advance stage and its association with some clinical variables and it was found that pregnant women experiencing it during their third trimester or advance stage. Though, this study could not assessed the causal factors and whether the severity was up to diagnostic level, further study are needed on large sample size including confounding variables.

CONCLUSION

While the effect of psychotropic medications during pregnancy is no ascertained, the risk associated with untreated psychological problems during and after pregnancy has to be taken into consideration and necessary treatment should be provided. One of the best treatments for psychological problems during pregnancy is psychotherapy. Not only is psychotherapy completely safe and healthy, for both the mother and the child, it also works to find out the root cause of the psychological problems. Since, women clearly benefited from support before and after childbirth it is advisable that before taking any medicine to reduce or eliminate such problems, a health care provider is consulted and should be explained the risks of medication to the unborn child or the infant through breast milk. One study showed that counseling for women who are depressed when pregnant may help to prevent problems for the family after the baby is

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born (Brooks, 2009). Since mental health and pregnancy are synonymous with the well being the mother and the child, women should formulate a treatment plan to manage these common problems.

Table 1 – Showing socio-demographic characteristics of the participants

Socio-demographic variables		Group				t (df = 68)
		Pregnant Women (N = 40)		Non-Pregnant Women (N = 30)		
		Mean	SD	Mean	SD	
Age		24.02	3.96	24.70	4.04	0.69
		N (%)		N (%)		χ^2
Education	Illiterate	10 (25.0)		8 (26.7)		3.555 (3)
	Up to primary	9 (22.5)		2 (6.7)		
	Up to secondary	12 (30.0)		10 (33.3)		
	Higher secondary and above	9 (22.5)		14 (33.3)		
Marital Status	Married	40 (100.0)		28 (93.3)		2.745 (1)
	Unmarried	0 (0.0)		4 (13.3)		
Living Background	Rural	2 (5.0)		4 (13.3)		10.839* * (2)
	Urban	22 (55.0)		5 (16.7)		
	Semi Urban	16 (40.0)		21 (70.0)		
Socioeconomic Status	Lower	18 (45.0)		11 (36.7)		0.491 (1)
	Middle	22 (55.0)		19 (63.3)		
Religion	Hindu	35 (87.5)		28 (93.3)		0.648 (1)
	Islam	5 (12.5)		2 (6.7)		
Types of Family	Nuclear	11 (27.5)		7 (23.3)		0.156 (1)
	Joint	29 (72.5)		24 (76.7)		

* = Significant at 0.05 level,

** = Significant at 0.01 level

Table 2 – Showing differences between Pregnant and Non-Pregnant group on SCL-90

SCL-90 variables	Group				t (df=68)
	Pregnant Women (N = 40)		Non-Pregnant Women (N = 30)		
	Mean	SD	Mean	SD	
Somatization	13.625	8.393	8.966	5.738	2.614*
Obsessive-Compulsive	11.025	6.447	8.333	5.060	1.890
Interpersonal Sensitivity	11.650	6.604	8.000	4.828	2.556*
Depression	16.750	9.558	11.766	6.698	2.439*
Anxiety	10.150	6.981	7.466	4.861	1.801
Anger Hostility	6.250	4.667	4.266	2.790	2.065*
Phobic Anxiety	5.650	3.408	4.000	3.216	2.053*
Paranoid Ideation	6.800	5.029	6.166	3.696	0.582
Psychotism	9.575	6.679	4.800	4.122	3.450***
Additional Scale	7.825	5.329	5.400	4.231	2.053*

*** = Significant at the level of .001; **= Significant at the level of .01; *= Significant at the level of .05

Table 3 – Showing differences between Pregnant and Non-Pregnant group on GHQ-28

GHQ-28 variables	Group				t (df=83)
	Pregnant Women (N = 40)		Non-Pregnant Women (N = 30)		
	Mean	SD	Mean	SD	
Somatic Complain	3.050	2.159	2.366	2.141	1.315
Anxiety & Insomnea	2.900	2.097	2.033	2.498	1.576
Social Dysfunction	1.975	1.775	1.466	1.814	1.174
Severe Depression	2.600	2.580	1.800	2.426	1.317
Total Score on GHQ-28	10.525	6.656	7.666	7.250	1.711

Table 4 – Showing correlation between age, duration of pregnancy and SCL-90 variables

N = 40		
SCL-90 variables ↓	Age of Pregnancy (in year)	Duration of Pregnancy (in month)
Somatization	.388*	.287
Obsessive-Compulsive	.214	.187
Interpersonal Sensitivity	.343*	.419**
Depression	.362*	.160
Anxiety	.291	.296
Anger Hostility	.354*	.222
Phobic Anxiety	.029	.199
Paranoid Ideation	.459**	.297
Psychotism	.444**	.468**
Additional Scale	.217	.502**

** = Correlation is significant at the 0.01 level (2-tailed),
significant at the 0.05 level (2-tailed)

* = Correlation is

Table 5 – Showing correlation between age, duration of pregnancy and GHQ-28 variables

N = 40		
GHQ-28 variables ↓	Age of pregnancy (in year)	Duration of Pregnancy (in month)
Somatic Complain	.069	.192
Anxiety & Insomnea	.096	.278
Social Dysfunction	.109	.102
Severe Depression	.274	.284
Total Score on GHQ-28	.188	.287

** = Correlation is significant at the 0.01 level (2-tailed), * = Correlation is significant at the 0.05 level (2-tailed)

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Quality of Life in Allergic Rhinitis Patients

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ABSTRACT:

The quality of life is an individual's perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. The term "health-related quality of life" refer to the physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's experiences and perceptions. In Allergic rhinitis patients, (HRQL) issues include learning impairment, inability to integrate with peers, anxiety and family dysfunction. The pathophysiology of allergic rhinitis often disrupts sleep, leading to fatigue, irritability, memory deficits, daytime sleepiness and depression. The total burden of this disease goes beyond impairment of physical and social functioning. Deleterious impact of allergic rhinitis-related to sleep disorders has negative effect on patients capacity to perform activities of daily living is an important component of the morbidity of the disease. With an accurate diagnosis, there is various available treatment that can reduce the burden of allergic rhinitis. The present investigation has been conducted to study quality of life in allergic rhinitis patients a total sample of 200 (100 allergic rhinitis patients and 100 non rhinitis subjects) has been randomly drawn from the clinics and hospitals of district Haridwar and as per the availability of the patients for measuring quality of life, the WHOQOL-BREF Questionnaire was used. The scale has four dimensions i.e. physical, psychological, social and environment. T- Test has been used to find out significant mean differences. Results show a significant difference between allergic rhinitis patients and non rhinitis subjects in terms of four dimensions i.e. physical, psychological, social and environment. However in other comparison there were no significance difference between gender and age.

Keywords: *Life, Allergic Rhinitis Patients*

INTRODUCTION:

Respiratory allergy is prevalent among all populations with increasing trend all over the world. The gravity of the situation can be perceived by looking at the epidemiological data available across the global. Epidemiological studies carried out in different countries indicate the prevalence of respiratory allergy as 15-30%. A survey conducted in Finland shows a prevalence of around 14% allergic rhinitis and .5% asthma.

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A recent survey carried out in India shows that 20-30% of the population suffers from allergic rhinitis and that 15% develop asthma. However a study carried over 30 years ago in Delhi reported around 10% allergic rhinitis and 1% asthma (Anand B. Singh and Pawan Kumar, 2003; Pekkanen J. et al, 1997) Allergic rhinitis is a chronic inflammatory disorder of the nasal passages. It affects approximately 20% of the population, is a significant health and economic burden, and severely impairs quality of life. (Anju Tripathi & Roy Patterson, 2001)

Runny itchy nose, sneezing and nasal congestion sound familiar. These are the common place symptoms of rhinitis, which we have all experienced at some point in our lives during a cold these are also the identical symptoms for allergic rhinitis –up to 30 percent of the adult population suffer from allergies. Allergic rhinitis may be classified as seasonal (i.e., symptoms during a specific time of the year) or perennial (i.e. symptoms occur year round). Seasonal rhinitis is typically caused by identifiable outdoor allergens, such as tree, grass and weeds pollens as well as moulds. Perennial rhinitis may be precipitated by dust mites, cockroaches, animal proteins and fungi (Randy A. Sansons, 2011).

The quality of life is a person perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. (Gregory et al, 2009).

Health related quality of life refer to the physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's experiences and perceptions. (Marcia A. Testa and Donald G. Simonson, 2008; Meltzer EO, 2001).

Allergic rhinitis is a common disorder, which represents a considerable burden both on individual patients and society (Bousquet et.al, 2001). It is associated with bothersome symptoms, which may impair usual daily activities, quality of sleep and productivity (Crystal et. al, 2000). Frequently, allergic rhinitis is associated with co morbidities including asthma (Spector SL., 1997; Leynaert B.et.al, 2000). Overall, the quality of life is significantly impaired in subjects with allergic rhinitis (Bosquet J. et. Al, 1994; Leynaert B.et.al, 2000) but can be improved by treatment (Tripathi A. and Peterson R., 2001). Indeed, early detection and optimal treatment are emphasized in guidelines (Bousquet et.al, 2001). However, the condition may frequently be trivialized (by the patient) and/or unrecognized (by the physician), resulting in the inadequate control of symptoms. In the UK, only 18% of subjects with rhinitis had visited their general practitioner, over the preceding 2 yrs, concerning their hay fever (Jones NS.et. al, 1998). A recent study in France showed that 19% of 230 patients with typical symptoms of allergic rhinitis had never consulted a physician for their nasal problem (Didier A. et.al, 1999). The total burden of this disease goes beyond impairment of physical and social functioning. It has also a financial impact, which becomes greater when we consider the evidence that allergic rhinitis is a possible casual factor of co morbidities, such as asthma and sinusitis. Nasal obstruction, the most prominent symptom is associated with sleep disorders, which can have a profound effect on mental health, learning, behavior and attention. Finally, allergic rhinitis –a chronic condition that affects adults, adolescents and children is often under diagnosed or inadequately treated. In general, the patients feel inconvenienced by the symptoms per se, particularly by the nasal obstruction, rhino rhea and sneezing. They are irritated by not being able to sleep well at night

and often being exhausted during the day. They also experience non-nasal symptoms that cause discomfort, such as thirst, inability to concentrate and headache. They consider certain practical problems quite irritating, such as the need to carry tissues or handkerchiefs and to frequently blow their nose. They present with limitations in their activities of daily living, which leaves them frustrated and irritated. Although adolescents experience problems similar to those of the adults, they present greater difficulty in concentrating, particularly on their school work (Camelo-Nunes IC and Sole D, 2010). Younger children, however, present a slightly different profile: they feel uncomfortable with symptoms and practical problems, such as having to carry tissues or handkerchiefs and to take medicine; however, they tend to experience less limitation in their activities of daily living and do not exhibit the emotional disturbance experienced by adults and adolescents (Juniper EF et al, 1999).

Sleep disorders can impair the quality of life, leading to fatigue, irritability, memory deficits and daytime sleepiness (Ibiapina Cda C et al, 2008; Juniper EF et al, 2003). Sleep disorders also have a significant effect on mental health and can cause psychiatric diseases, depression and anxiety (Chang PP et al, 1997). In addition, respiratory events associated with sleep disorders, in childhood and adolescence, are associated with greater frequency of disorders related to learning, behavior and attention (Owens J, 1998; Gozal D., 1998). Sleep disorders related to the inability to breathe well during the night are in fact commonly observed in patients with allergic rhinitis. Studies on this topic have shown not only that the impairment of the sleep has an important impact on social life, professional skills and learning of the patients but also that the treatment of allergic rhinitis can have a beneficial effect, improving the quality of sleep and, consequently, reducing all limitations secondary to the sleep disorders (Hughes K. et al, 2003; Mansfield LE. et al, 2004).

Impact on learning and social life is frequently seen as a trivial and temporary disease or, yet, as a less severe disease when compared with asthma. Allergic rhinitis is capable of markedly altering the quality of life of the patients, as well as their performance, learning and productivity (Ibiapina Cda C. et al, 2008; Tanner LA et al, 1999; Schoenwetter WF et al 2004). Memory and learning are functional characteristics that can be impaired in patients with allergic rhinitis, leading to a crucial impact on their intellectual performance. In fact, patients with allergic rhinitis whose symptoms are not adequately controlled can have learning problems, either due to direct interference of the symptoms or due to impaired quality/quantity of nighttime sleep, resulting in daytime fatigue (Nathan RA., 2007). The home life of many patients is affected by allergic rhinitis. Children with allergic rhinitis can experience feelings of total isolation, even within their families, since the presence of allergens frequently hinders their participation in family activities, such as picnics, as well as preventing them from playing with pets and going camping (Meltzer EO., 2001). The social effect of allergic rhinitis is not restricted to the family sphere. In school, children with allergic rhinitis can present emotional disturbance caused by the learning impairment that commonly accompanies allergic rhinitis or by the limitations of activities imposed due to the need to avoid contact with allergens. As a result, they are unable to achieve

complete and unrestricted integration with their peers, and emotional disturbances arise. Allergic rhinitis is commonly associated with other respiratory diseases, and the cost resulting from these co morbidities increases even more the socioeconomic impact of the disease (Schoenwetter WF et al, 2004; Nathan RA, 2007). This impact comprises direct costs, generated by the use of the health care system, and by indirect costs, associated with the loss of economic productivity. Therefore, people with rhinitis or asthma need to cope with the immediate and long-term burdens related to these diseases, which habitually affect their activities of daily living. They often have to choose how to distribute their financial resources-normally directed to daily needs, such as food and clothing-to pay for the medical care necessary to improve their health status (Bousquet J. et al, 2001). There have been many fewer studies on the economic impact imposed on people with allergic rhinitis than on that imposed on those with asthma. It is estimated that allergic rhinitis results in impaired productivity or job loss in approximately half of all patients (Blais MS., 2003).

METHODS

The study includes allergic rhinitis patients and non rhinitis subjects. The data was drawn from government and private hospitals and clinics of district Hardwar and its adjoining districts.

200 subjects (100 rhinitis subjects and 100 non rhinitis subjects) of the present investigation were selected. Subject of non rhinitis group were taken keeping in view, the status, age, sex, education and economic background of rhinitis group. Subjects completed the Hindi version of WHOQ BREF containing 26 items which measures physical health, psychological health, social relationship and environmental health.

Statistical analysis

The present investigation has been conducted to study quality of life in allergic rhinitis patients. The sample include 100 (rhinitis patients), 100 (non rhinitis subjects.) again sample divided according to gender, age group 20-30 and 40 above age and to asses effect of quality of life in allergic rhinitis and non rhinitis patients in different dimensions. WHOQOL BEF scale Administered for assessing their quality of life in physical health, psychological function, social relationship and environment. Data analyzed with the help of t-test. Result indicated that the quality of life in allergic rhinitis patients (male, female) were decreased in comparison to non rhinitis (male, female) this showed there was significance difference between rhinitis patients and non rhinitis subjects in terms of quality of life On the other hand the quality of life of rhinitis females and rhinitis males were similar with respect to quality of life Significance difference were not found to be related with gender. It indicated that gender of the respondents was not capable in affecting the quality of life.

RESULTS

Quality of life in allergic rhinitis females and non rhinitis females was compared. The t- value for physical health was obtained 5.23 which is significant on .05 and .01 level. The t- value for Psychological function dimension was obtained 6.19 Which is significant on .05 and .01 level. The t- value for social relationship was obtained 3.92 which is significant on .05 and .01 level. The t- value for Environment was obtained 8.89 which is significant on .05 and .01 level. (Table1).

Table 1

Quality of life (Female n=50)						
Quality of life	Mean (allergic rhinitis) female	Mean Non rhinitis female	SD allergic rhinitis	SD non rhinitis female	SE d	t test value
Physical health	20.3	24.28	4.02	3.61	0.76	5.23
psychological function	17.12	22.26	4.85	3.32	0.83	6.19
Social relationship	9.1	11.14	2.58	2.67	0.52	3.92
Environment	21.18	27.94	4.65	4.8	0.76	8.89

Distribution of sample between allergic rhinitis female and non rhinitis female

Table 2

Quality of life (male n=50)						
Quality of life	Mean (allergic rhinitis) male	Mean non rhinitis male	SD allergic rhinitis male	SD non rhinitis male	SE d	t test value
Physical health	20.06	25.06	4.26	3.71	0.79	6.26
psychological function	17.68	22.58	4.02	3.81	0.78	6.25
Social relationship	9.42	11.52	2.62	2.76	0.53	3.96
Environment	21.6	27.88	4.34	4.38	0.87	7.21

Distribution of sample between allergic rhinitis male and non rhinitis male

Quality of Life In Allergic Rhinitis Patients

Table 3

Quality of life (Female, n=50)						
Quality of life	Mean (allergic rhinitis) female	mean allergic rhinitis male	SD allergic rhinitis female	SD allergic rhinitis male	SE d	t test value
Physical health	20.3	20.6	4.02	4.26	0.82	0.29
psychological function	17.12	17.68	4.85	4.02	0.89	0.62
Social relationship	9.1	9.44	2.58	2.62	0.51	0.57
Environment	21.18	21.6	4.65	4.34	0.8	0.52

Distribution of sample according to gender

Table 4

quality of life (age group 20-30 n=42, age group 40 above n=37)						
Quality of life	mean rhinitis 20-30 age male, female	mean rhinitis 40 above age group male, female	SD rhinitis 20-30 age	SD rhinitis 40 above age	SE d	t test value
Physical health	20.73	19.35	3.55	4.84	4.51	0.3
psychological function	18.02	16.1	3.81	5	3.86	0.5
Social relationship	9.73	9	2.77	2.42	2.1	0.34
Environment	21.76	20.91	4.71	4.44	4.79	0.17

Distribution of sample according to age group

Quality of life in allergic rhinitis females and non rhinitis females was compared. In Physical health domain t- value was obtained 6.26 which is significant on .05 and .01 level. The t- value for Psychological function dimension was obtained 6.25 which is significant on .05 and .01 level. The t- value for social relationship was obtained 3.96 which is significant on .05 and .01 level. The t- value for Environment was obtained 7.21 which is significant on .05 and .01 level (Table- 2).

Rhinitis females and males were similar with respect to four domains of quality of life i.e. physical, psychological, and social and environment. Obtained t- value is non significant on .05 and .01 level. It indicated that gender and age groups of the respondents was not capable in affecting the quality of life (Table- 3, 4)

DISCUSSION

Health –related quality of life refer to the physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's experiences and perceptions. Patients with allergic rhinitis were shown to experience limitations in daily activities, as well as changes in mood and cognitive behavior. Quality of life in allergic rhinitis patients was assessed by WHOQOL four domains. In general rhinitis patients having low physical activity negative feeling and low self esteem, lack of social support, unfavorable environment in comparison to non rhinitis subjects. WHOQOL is a major outcome in allergic rhinitis represents a global health problem because it interferes with psychological well being, activities of daily living and affects social as economic outcomes. There is growing awareness of how allergic can affect patient's quality of life work or school performance, and emotional well being. Besides physical symptoms, patients may exhibit fatigue, psychomotor sluggishness, irritability and mood and cognitive disturbances this combination of physical, emotional and functional problems may diminish quality of life. The quality of life is a person's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Rhinitis females and males were similar with respect to four dimensions of quality of life i.e. physical, psychological and social and environment. Significance difference was not found to be related with gender and age group. It indicated that gender and age group of the respondents was not capable in affecting the quality of life.

CONCLUSION

In conclusion this study provides further evidence that allergic rhinitis patient's quality of life was worse than non rhinitis subjects. The allergic rhinitis patients showed significantly lower mean score on physical, psychological, social and environment. Allergic rhinitis is a common respiratory allergy among all population which impairs quality of life of Patients due to discomforting symptoms of this disease. Allergic rhinitis impairs the quality of life of persons in different Domains. Allergic rhinitis patients feel fatigue, pain, and discomfort, lack of sleep and rest. Patients feel faulty bodily image, lack of concentration, suffers from learning impairment, anxiety and family dysfunction; disrupt social relationship, inability to integrate with peers, receiving low quality of support from families, friends and others. Physical environment (pollution / noise /traffic and climate are worse. patients do not feel very healthy and do not full of energy to take on their daily activities. People are not satisfied with their lives. These findings indicated that allergic patients had a greater tendency to depend on medical substance due to physical inactivity, poorer psychological adjustment, social anxiety and shyness in adults and a lower ability to deal with environmental pressure. In total, the findings suggest that the allergic patients had poorer overall psychological health than the non rhinitis subjects.

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Intellectual Functioning in Schizophrenia, Depression and Normal Control

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ABSTRACT:

Background: Schizophrenia is one of the most severe and disabling of all mental illnesses. The diagnosis of schizophrenia involves a constellation of signs and symptoms and impairment in occupational and social functioning. Mood disorders are also important & common psychiatric illnesses that represent a major cause of disability and mortality worldwide.

Material and Methods: Sample of the study 30 male and female Depression patients and a sample of 30 male and female schizophrenia patients was selected both from OPD. A control group of 30 persons from general population, matched according to age, sex, and education with schizophrenia patients, were taken as per Inclusion & Exclusion criteria. The sample was selected using purposive sampling method. Samples were collected from P.G.I.B.M.S. Result: But post hoc analyses show that the schizophrenia and depressive groups differed significantly as the patients of depression had higher age mean than that of schizophrenia. Conclusion: Schizophrenia patients suffer from significant overall cognitive impairment; Have low concentration and inadequate visual organization. Depressive patients perform in a way similar to normal except in comprehension subtest

Keywords: Schizophrenia, Depression, WAPIS, VAIS, P.G.I

INTRODUCTION:

Cognition is what enables humans to function in everyday life personal, social and occupational. The ability to attend to things in a selective and focused way, to concentrate over a period of time, to learn new information and skills, to plan, to determine strategies for actions and to execute them, to comprehend language and to use verbal skills for communication and self-expression and to retain information and manipulate it to solve complex problems are examples of mental processes that are referred to as cognitive function. All these abilities are impaired to some extent in individuals with schizophrenia and depression. This impairment inevitably has an impact on functional outcome of the illness [i.e. individual's ability to have social interactions, to hold jobs, and to care for themselves. Schizophrenia & mood disorders are two important mental illnesses affecting psychosocial functioning and causing disability and cognitive deficits are prominent in both.

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SCHIZOPHRENIA & NEUROCOGNITIVE DEFICITS

Schizophrenia is one of the most severe and disabling of all mental illnesses. The diagnosis of schizophrenia involves a constellation of signs and symptoms and impairment in occupational and social functioning. Psychotic symptoms include delusions, prominent hallucinations, disorganized speech, or disorganized and catatonic behaviour. Negative symptoms include alogia, affective blunting, avolition, asociality, and anhedonia. Finally, a separate domain of the illness that appears closely related to functional outcome involves the cognitive deficits of schizophrenia [Goldberg, Gold, et al., 1995; Green 1996; Green et al., 2000]. The range of cognitive deficits is broad and includes problems in perception, attention, memory, and problem solving [Green, 2001].

Cognitive impairment is recognized as a core characteristic of schizophrenia (Heaton et al., 1978; Seidman, 1983; Goldberg & Seidman, 1991; Bilder et al., 1992). The study of cognitive processes has been an important avenue for linking the biological and social aspects of the illness (Hemsley, 1991). It is widely recognized that cognitive impairment, especially memory, is an integral part of the disease process (McKenna et al., 1991) and is associated with poor psychosocial functioning (Green, 1996). There has been considerable work to document the types of neurocognitive deficit in patients with schizophrenia. The presence of diffuse cognitive impairment has been documented, and patients with schizophrenia have been found to function one standard deviation or below the mean of healthy comparison subjects across a range of cognitive measures [Hoff, et al., 1992]. A Meta – analysis by Heinrichs and Zakaanis [Heinrichs et al., 1998] reviewed 204 studies and reported 22 mean effect sizes, looking at performance of patients with schizophrenia relative to healthy controls. Neurocognitive indices included general intellectual function, global and selective verbal memory, nonverbal memory, visual and auditory attention, executive function, language, spatial ability, motor performance, and inter hemispheric tactile transfer test performance. Moderate- to-large effect sizes (> 0.60) were reported for all 22 indices, indicating that schizophrenia is characterized by broad – based cognitive impairment, with varying degrees of deficit in all ability domains measured by standard clinical tests. The largest effect sizes were for measures of standard clinical tests. The largest effect sizes were for measures of memory and attention. This finding is fairly consistent across studies. Torrey [Torrey et al., 2002] recently reviewed the literature examining first episode, never medicated patients with schizophrenia to determine whether deficits are present even early in the disease. Some of the same deficits including verbal memory and learning [Censits et al. 1997; Saykin et al., 1994], visual memory [Censits et al., 1997], abstraction [Censits et al., 1997], attention [Censits et al., 1997; Lussier et al., 2001; Schuepbach et al., 2002] and language abilities [Censits et al., 1997] have been found even in untreated, first – episode patients.

It has been proposed that there are more specific deficits in schizophrenia that occur within the context of diffuse cognitive impairment [Saykin et al., 1991; Goldberg et al., 1987]. Several studies and meta – analysis have indicated that it is a disproportionate impairment in verbal declarative memory in schizophrenia over and above the global deficits [Saykin et al., 1991];

Cirillo et al., 2003]. Saykin et al [Saykin et al., 1991] for example, described a specific impairment in memory and learning in unmediated patients with schizophrenia without a history of substance abuse

Thus, neurocognitive deficits generally are seen in patients with schizophrenia. Although there appears to be a group of patients who are impaired only minimally, most patients are characterized as having at least some impairment across a number of domains. Several studies identify selective impairments of a greater magnitude against a background of global impairment. Specifically, the cognitive deficits appear to be larger in areas of episodic memory and vigilance than in other cognitive areas e.g, immediate memory and vocabulary). The Neurocognitive deficits may be related especially to disorganized and negative symptoms and less with psychotic symptoms.

MOOD DISORDERS AND COGNITIVE DEFICITS

Mood disorders are also important & common psychiatric illnesses that represent a major cause of disability and mortality worldwide. It is estimated that 8% to 20% of the population will experience a depressive episode at some point in their lives [Andreasen et al., 1995]. Of those individuals with symptoms so severe as to require hospitalization, 15% will go on to commit suicide. Mood disorders are characterized by disturbances in internal emotional state of an individual and are not limited to the external expression of emotional content. Two general conditions of mood disorder are clinical depression and bipolar affective disorder (BAD). BAD is marked by episodes of clinically significant impairment due to mania and depression. Although cognitive dysfunction in psychoses has classically been associated with schizophrenia, there is evidence that some bipolar patients show cognitive disturbances. Measurable decreases in attention, executive function, and recall memory have been observed in patients with mood disorders .In major depression, cognitive impairment can be severe and global, sometimes meeting criteria for dementia [Rabins et al., 1984].

Cognitive deficits within mood disorder have been studied extensively. Although results have not always been consistent, an overall pattern of specific impairments has become evident. In general, unipolar and bipolar patients have shown impaired performance in tests of attention, executive function, and memory.

Intelligence consists of various abilities that help us to adapt to life situations. It is an important aspect of cognitive impairment. People need preserved intelligence to cope with challenges of life, to learn and relearn social and self-help skills. So, to see what aspects of intelligence are affected in patients of schizophrenia and depression this study was undertaken.

NEED FOR THE STUDY :

Studies reveal that cognitive deficits are not only the result of neuroleptic medications, they also are part of the psychopathology of schizophrenia. Patients of mood disorder are also found to be suffering from cognitive impairments. Attention and concentration, memory, executive functions

etc. are found to be affected in both. Impairment of cognitive function is likely to have important functional consequences like interference with daily routine tasks and demands of meaningful occupational and social role functioning. Cognitive assessment also identifies individuals preserved abilities so that during rehabilitation remaining assets may be used to aid in compensating for those skills no longer available (Clipolotti & Warrington, 1995; Green, 1998; Steffy, 1993). Since intelligence is at the base of these functions this study was undertaken to study the comparative profile of schizophrenia and depression patients, to help understand these conditions in a better way and thus in better management

HYPOTHESIS

1. There will be no difference in VAIS profile of depression, schizophrenia and normal groups.
2. There will be no difference in performance in WAPIS of depression, schizophrenia and normal groups.

Alternative Hypotheses

1. Patient groups will perform poorly on VAIS than normal groups.
2. Patient groups will perform poorly on WAPIS than normal groups.

The study was conducted at Post Graduate Institute of Behavioural and Medical Sciences, Raipur (C.G.). A sample of 30 male and female Depression patients and a sample of 30 male and female schizophrenia patients was selected both from OPD. A control group of 30 persons from general population, matched according to age, sex, and education with schizophrenia patients, were taken as per Inclusion & Exclusion criteria. The sample was selected using purposive sampling method.

Inclusion criteria (Depression patients): -

- Patients in the age range of 18 yrs to 50 yrs.
- Patients diagnosed as having depression according to ICD-10 criteria.
- Right handed.
- Patient's cooperative for study.
- Exclusion criteria (Depression patients): -
 - Major medical illness, organic mental disorders or substance related problems.
 - Patients with other psychiatric illness.
 - Patients with history of any neurological disorder or significant head injury.
- Inclusion Criteria:
 - Patients diagnosed as having schizophrenia according to ICD-10 criteria.
 - Right handed.
 - Consenting and cooperating for study.
- Exclusion Criteria (Schizophrenia patients): -
 - Persons with any other psychiatric disorder.
 - Persons with history of any neurological disorder or significant head injury.
 - Persons with any substance related problem, mental retardation or known organic brain disorder.

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Inclusion Criteria (Normal controls): -

- People from general population
- Those consenting for the study
- Exclusion Criteria (Normal controls): -
Persons scoring more than 12 on PGI Health Questionnaire
- Persons with any substance related problem, mental retardation or known organic brain disorder.
- Persons with history of any neurological disorder or significant head injury.

TOOLS USED

1. Socio-demographic and clinical data sheet.
2. Verbal Adult Intelligence Scale (Indian Adaptation)
3. WAPIS (Indian Adaptation, Prabha Ramalingaswamy,)
4. Handedness preference schedule (Mandal et al., 1992)
5. The Hamilton Rating Scale for depression (Hamilton, 1960).
6. Brief Psychiatric Rating Scale (Overall, G. E. & Gorham, D. R., 1962)
7. PGI Health Questionnaire (S.K VERMA, N.N WIG & D. PRASAD,1984)

PROCEDURE

Patients of Schizophrenia and Depression were selected from the OPD of PGIB&MS. Normal group was selected from general population. Subjects meeting their respective inclusion and exclusion criteria were screened by using PGI health Questionnaire N-1 and those scoring more than 12 were excluded from the study. Information was gathered from all groups on semi-structured socio-demographic data sheet. BPRS was used to assess the severity of the psychotic Symptoms in Schizophrenia Patients. HDRS was used to assess the severity of symptoms of Depression. To assess the intellectual functioning of the subjects Indian adaptation of Verbal intelligence test VAIS was for verbal intelligence, taken from PGI-BBD. For the assessment of performance intelligence, WAPIS (Indian adaptation) was used. Statistical analyses were done from the data thus obtained.

STATISTICAL ANALYSIS:

Data was statically analyzed using the descriptive analyses, Chi-square, ANOVA & Post hoc analyses. Clinical demographic data was evaluated with descriptive statistical measures, which includes mean, standard deviation. Group differences were calculated by Chi Square.

- ANOVA was used for comparing the WAPIS and VAIS performances of depression and schizophrenic patients and normal group
- To see the differences among specific groups Post hoc analysis was done using LSD method.

RESULTS

Table 1. Comparison of Age of Schizophrenia, Depression & Normal groups

Variables	Groups			F	Sig.	Post Hoc
	Depression Mean \pm SD	Schizophrenia Mean \pm SD	Normal Mean \pm SD			
Age	29.60 \pm 10.60	36.00 \pm 10.39	33.77 \pm 12.51	2.52	.086	S<D

Table 1 shows the comparison of patients of Schizophrenia & Depression with normal control group. The mean age of normal and schizophrenic & depressive groups was 31.23(SD 9.62) years and 33.93(SD: 14.67) years respectively. In all the groups, subjects were within the age range 18yrs to 55 yrs. Schizophrenia, Depression & Normal groups didn't differ with respect to age as mean difference was statistically insignificant. But post hoc analyses show that the schizophrenia and depressive groups differed significantly as the patients of depression had higher age mean than that of schizophrenia.

Table 2. Shows the severity of depression in the depressed group

H D R S	F	%
NONE	0	0
MILD	0	0
MODERATE	5	16.7
SEVERE	17	56.7
VERY SEVERE	8	26.7

Table 2 Shows the severity of depression in the depressed group. Majority (56.7%) were severely depressed, 26.7% were very severely depressed and 16.7% were depressed upto moderate level.

Table 3. Shows the comparison of WAPIS performance of Schizophrenia, Depression & Normal groups

Variables	Groups			F	Post Hoc
	Depression Mean \pm SD	Schizophrenia Mean \pm SD	Normal Mean \pm SD		
PICTURE COMPLETION	8.57 \pm 9.23	7.23 \pm 20.85	9.23 \pm 7.26	7.31**	S<D*,N*
DIGIT SYMBOL	5.53 \pm 8.03	5.63 \pm 7.46	9.27 \pm 4.02	60.16**	S<N*
BLOCK DESIGN	5.40 \pm 8.20	5.83 \pm 14.31	8.60 \pm 19.02	48.39**	S<N*
PICTURE ARRANGEMENT	7.83 \pm 8.00	6.63 \pm 22.24	9.03 \pm 7.22	16.77**	S<D*,N*
OBJECT. ASSEMBLY	5.40	5.67	8.63	49.21**	S<N*

**Significance (p<.001)

Table-3 shows the comparison of Depression, schizophrenia and normal groups on WAPIS performance. The groups differed significantly (p<.001) on all the variables i.e. picture completion, digit symbol, block design, picture arrangement and object assembly. Post Hoc analyses reveals that on all the subtests schizophrenia patients performed poorly than normal and poor than depressed patients on picture completion and picture arrangement.

Variables	Groups			F	Post Hoc
	Depression Mean \pm SD	Schizophrenia Mean \pm SD	Normal Mean \pm SD		
Information	79.83 \pm 9.23	95.43 \pm 20.85	97.20 \pm 7.26	14.36	S>D*
Digit span	87.20 \pm 8.03	88.30 \pm 7.46	100.93 \pm 4.02	38.47	S<N*
Arithmetic	82.73 \pm 8.20	86.07 \pm 14.31	97.17 \pm 19.02	8.11	S<N*
Comprehension	88.93 \pm 22.24	68.97 \pm 8.00	97.57 \pm 7.22	31.71	N>S,D*

Table-4 showing comparison of Depression, schizophrenia and normal groups on VAIS.

Table-4 shows the comparison of Depression, schizophrenia and normal groups on VAIS performance. The groups differed significantly on all the variables i.e. Information, Digit span, Arithmetic and Comprehension. Post Hoc analyses reveals that on Digit span, Comprehension & Arithmetic variables schizophrenia patients performed poorly than normal and better than depressed on Information. On comprehension both patient groups performed poorly.

DISCUSSION:

In order to understand the differences in intellectual functioning of patients of schizophrenia depression and normal controls this study was undertaken. Cognitive functions refer to the ability to attend to things in a selective and focused way, to concentrate over a period of time, to learn new information and skills, to plan, to determine strategies for actions and to execute them, to comprehend language and to use verbal skills for communication and self-expression and to retain information and manipulate it to solve complex problems are examples of mental processes. These are integral part of intelligence. Since cognitive deficits are prominent in schizophrenia and depression both, this study aims to understand the similarities and differences in their VAIS and WAPIS profile, which would help in management of these cases.

In this study, the mean age of Schizophrenia, Depression & Normal groups didn't differ significantly. But post hoc analyses show that the schizophrenia and depressive groups differed significantly as the patients of depression had higher age mean than that of schizophrenia. This is consistent with the fact that mood disorders start later in age as compared to schizophrenia. On the other socio-demographic variables of all the groups were homogeneous. No significant differences were found among the groups regarding sex, education, marital status, occupation etc.

Comparison of Depression, schizophrenia and normal groups on WAPIS

The groups differed significantly ($p < .001$) on all the variables i.e. picture completion, digit symbol, block design, picture arrangement and object assembly. On all the subtests schizophrenia patients performed poorly than normal and poor than depressed patients on picture completion and picture arrangement.

Schizophrenia patients poor performance than normal on the subtests picture completion, digit symbol, block design, picture arrangement and object assembly is consistent with the earlier findings of significant overall cognitive impairment in this group (Goldberg, Gold, et al., 1995; Green 1996; Green et al., 2000). Object Assembly is a test of motor coordination and control, as are Digit Symbol-Coding and Block Design. These measure the ability to differentiate familiar configuration, and its also involves some anticipation and planning, ability to benefit from sensory – motor feedback, anticipation of relationship among parts, visual – motor organization, simultaneous processing, synthesis, putting things together in a familiar configuration and ability to differentiate familiar configurations. Low scores show visual- motor disorganization,

concreteness and difficulties with visual concept formation. Both Block Design and Object Assembly are sensitive to right, especially right posterior, lesions (Lezak, 1995; Reiten & Wolson, 1993).

The picture completion subtest is a measure of visual concentration and is a nonverbal test of general information. It involves discovering consistency and inconsistency by paying close attention to the environment and accessing remote memory, visual alertness, visual recognition and identification, awareness of environmental detail; reality contact, perception of the whole in relation to its parts; visual conceptual ability and visual concentration. Low scores indicate poor concentration and inadequate visual organization. Impulsiveness can often produce lowered performance because the examinee may make quick responses without carefully analyzing the whole picture. Schizophrenia patients poor performance than depressed patients on picture completion indicates poor concentration and inadequate visual organization. Deficits in attention and information processing might be “central” to the disorder [Braff . et al., 1993] because these can contribute to deficits in working memory and executive function. Attentional deficits have been found to be robustly associated with deficit syndrome and its persistent (primary) symptom [Ross DE, et al 1997]. Patients with schizophrenia who are highly distractible have been found to have higher levels of formal thought disorder [Perry W,et al 1994].

The picture Arrangement subtest is primarily a test of the ability to plan, interpret, and accurately anticipate social events in a given cultural context. Weschsler (1958) stated that the test requires an examinee to use general intelligence in nonverbal social situations. In fact, each of the items requires a person to respond to some practical interpersonal interaction, planning ability, anticipation of consequences, temporal sequencing and time concepts, accurately understanding nonverbal interpersonal situations, visual organization and speed of associating and planning information. Low scores on picture arrangement suggest a paucity of ideas, slow processing of information, a poor sense of humour, difficulty in interpersonal relationship and poor rapport.

Picture Arrangement is some what sensitive to the effects of brain damage, especially for those injuries that disrupt nonverbal social skills (Golden, 1979; Lezak, 1995). Schizophrenia patients also show inability to benefit from nonverbal social cues. There is also some evidence that patients with frontal lobe impairment do poorly on picture arrangement because of their tendency to respond impulsively and without considering the entire problem (Walsh, 1994). These findings are in accordance with the current understanding of the psychopathology of schizophrenia.

Comparison of Depression, schizophrenia and normal groups on VAIS

The groups differed significantly on all the variables i.e. Information, Digit span, Arithmetic and Comprehension. Schizophrenia patients performed poorly than normal subjects on Digit span, Comprehension & Arithmetic variables and better than depressed on Information & both groups performed poorly on comprehension than normal subjects.

The information subtest sample the type of knowledge that average persons with average opportunities should be able to acquire. It includes the range of general factual knowledge, old learning or schooling, Intellectual curiosity or urge to collect knowledge, Alertness to day-to-day world and Long – term memory. Performance on the information subtest involves remote memory and alertness to the environment. A high score on this subtest suggests that the examinee has good long-term memory, cultural interests. The comparatively better performance on information subtest in schizophrenia patients is in contrast to earlier findings. As some of the impairments of long-term memory are so severe that they have been said to present a differential deficit in schizophrenia, whereas other memory and learning functions have been found to be relatively preserved compared with healthy people. Episodic or declarative memory, the ability to learn and recall information from previously experienced events [Tulving, 1983], has been proposed to present a differential deficit in schizophrenia [Gold, 1992]. A profile analysis [using a comprehensive neuropsychological battery] of medication –free and medication – naïve patients with schizophrenia showed that memory function was more severely impaired than other cognitive abilities, or sensory and motor function [Saykin et al., 1991; Paulsen et al., 1995]. The effects of institutionalization or long-term neuroleptic medication cannot account for memory impairment. Memory problems in schizophrenia are not due to encoding and retrieval deficits. Relatively mild recognition deficits compared with moderate –to-severe recall disruption have been found in schizophrenia patients [Paulsen et al., 1995], suggesting that information storage in schizophrenia is relatively intact. Encoding of the information has been found to be significantly impaired, however [Gold et al., 1992] patients with schizophrenia benefit less from prompted and cued recall than healthy individuals ; this might be due to the failure to use semantic structure embedded in the information to aid the encoding and the retrieval of the information [Mc Kay et al., 1996]. This failure to use semantic features is not due simply to the lack of strategy use. Even when patients are instructed to cluster the information [eg, by categories], they still do not benefit from the semantic structure embedded in the information that they have to learn. This failure to use a clustering of encoding and retrieval problems [Stone et al., 1998] and has been attributed to impaired executive aspects of working memory [Goldman et al 1994]. The findings of present study may be due to the fact that that all patients of schizophrenia were having low scores on BPRS that means low level of psychopathology at the time of testing. Besides, other aspects of learning and memory in schizophrenia are not impaired to the same extent as semantic and episodic memory systems. Deficits in procedural learning, the ability to learn skills and motor acts, are relatively mild in schizophrenia. There has been some uncertainty as to what extent the Impairment in procedural learning is inherent to the disease process and to what extent it is impaired by the treatment.

Low scores may show superficiality of interests, lack of intellectual curiosity, cultural deprivation, or lack of familiarity (Kaplan et al., 1991; Mittenberg et al., 1989; J. Ryan & Paul, 1999). Depressive patients scoring low on this subtest may be due to their lack of interest and curiosity during these phases. Again subjective complaints of memory loss are often reported by patients with mood disorders and have been confirmed during neuropsychological assessment of

declarative memory. Impairments have been reported during the depressed, manic, and euthymic phases of illness in tests of verbal memory, such as story recitation [Zubieta et al 2001] and word list recall [Paradiso et al., 1997; Austin et al 1992; McGrath et al., 1997; Gourovitch et al., 1999].

Comprehension has often been considered to reflect the extent to which an examinee adheres to conventional standards, has benefited from past cultural opportunities, and has a well – developed conscience. It demonstrates practical knowledge, social maturity, knowledge of conventional standards of behaviour, ability to evaluate past experience; that is, proper selection, organization, and emphasis of facts and relationships etc. Formal studies have generally not supported a relationship between Comprehension and various measures of social intelligence (Beebe, Pfiffner & Mc Burnett, 2000). Low scores, especially if they have four or more subscale points below Vocabulary, might have poor judgement, impulsiveness, and hostility against their environment. Mentally disturbed persons often do poorly on Comprehension, which may be the result of disturbed perceptions, idiosyncratic thinking, impulsiveness, or antisocial tendencies. Both the patient groups performed poorly on comprehension test which is consistent with their psychopathology.

From the above discussion it becomes evident that the three groups differed significantly in intellectual functioning. Hence we reject the null hypothesis that there will be no differences between the groups. Schizophrenia patients have problems of attention and concentration and have inadequate visual organization. They also have paucity of ideas, slow processing of information, a poor sense of humour, difficulty in interpersonal relationship and problem in rapport establishment. Depressive patients perform in a way similar to normal except in comprehension subtest which may be the result of disturbed perceptions, they also have memory problems.

CONCLUSION

Schizophrenia patients suffer from significant overall cognitive impairment; Have low concentration and inadequate visual organization. They also have paucity of ideas, slow processing of information, a poor sense of humour, difficulty in interpersonal relationship and problem in rapport establishment. Depressive patients perform in a way similar to normal except in comprehension subtest which may be the result of disturbed perceptions, they also have memory problems.

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“Talking Standards, Minimal Application” Use of Reliable Personality Assessment Tools for the Mere Sake of Being Scientific

Aggarwal Sapna¹

BACKGROUND OF THE STUDY

Personality assessment has always posed huge challenges in front of researchers and psychologists. Due to its appealing nature vast population of researchers are attracted towards the exploration of this multifaceted discipline. Hence, a mammoth growth is witnessed around the world in the administration of personality assessment tests in recent years. If we explore the recent history, we will find that painstaking amendments have been made in the classical tools, with an intention to eliminate the probability of error and bias in order to keep the reliability of tools intact.

Personality is considered by most as a static entity which can be accessed through tools which are standardized and considered reliable and valid. Clearly, however, the organism is not a static entity like a stone or a piece of wood but has dynamic characteristics. Thus, as per the principles of physics, this would take a great deal of physical energy to move an object weighing, say, 120 pounds. However, the slight amount of sound energy emitted by a crying child may be quiet capable of galvanizing its mother into action. Understanding the potential of human mind is no simple aspect, which can be accessed through mere use of a standard assessment tool. Personality is dynamic, changeable, progressive; something which will require a sincere effort for its relevant understanding.

However, establishing reliability adhering to the standard procedures, at the time of tool construction or modification doesn't allege that the tool is programmed to perform consistently every time it will be employed. There are other factors as well which are to be regulated, in order to achieve testing standards which are proved to be consistent generation by generation. Reliability is a process, which if not employed meticulously each time a tool is used, will fall far short of being uniform and trustworthy; especially when we are dealing with something as complex and dynamic as human persona.

Personality assessment through questionnaires has predominantly been an integral part of research studies conducted in any educational area today. Even though no research instrument has capacity to tap into the “reality” of what an individual thinks about a particular issue still questionnaires have their own place in personality assessment.

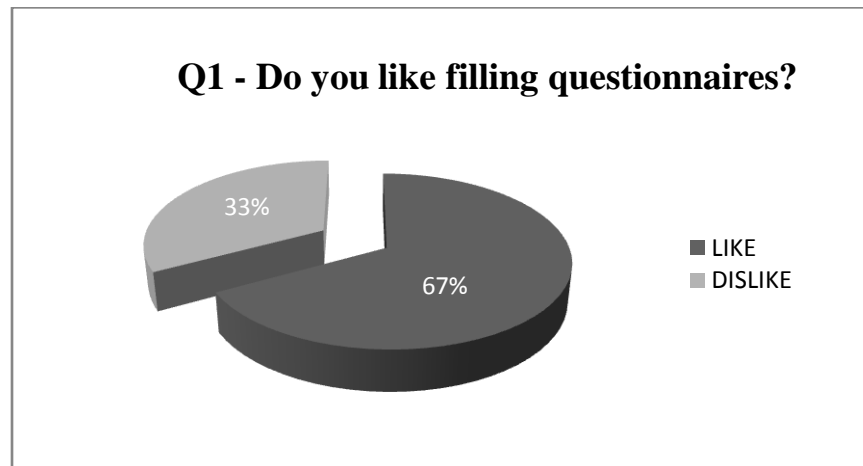
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PURPOSE OF THE STUDY

The present study intends to elucidate the existing scenario pertaining to the monotonous practices seen in administration of questionnaire based psychological testing. As more and more researchers, especially students and early career researchers are becoming content by mere harnessing of a standard tool to their respective studies. The process of test administration becomes droning and unrewarding, as an apparent disregard is noticed in the researches in recent years, for the scientifically acclaimed procedures which are time tested.

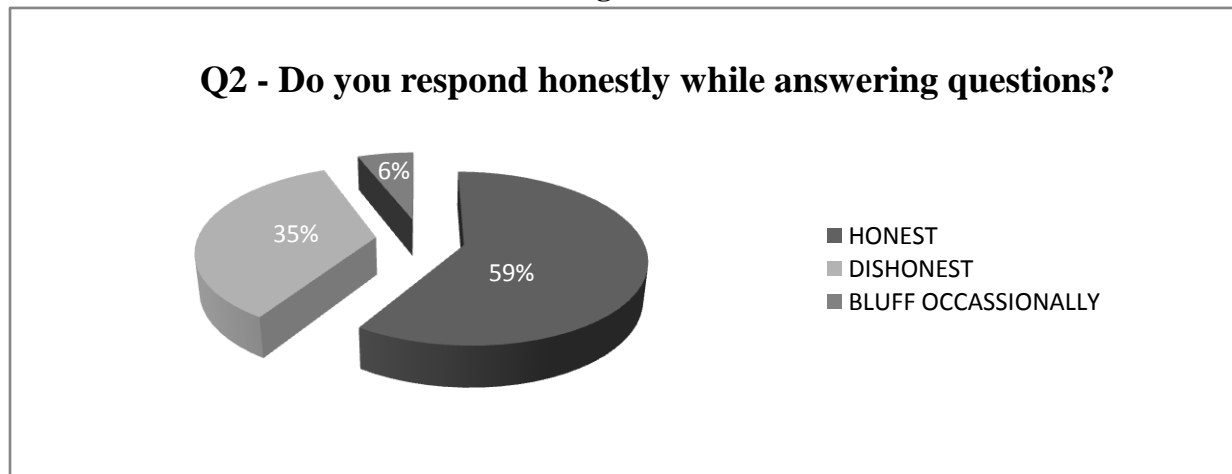
I found shocking results from one of my recent studies in which 471 college students from various Indian states ranging from 16-30 years of age (19.90 ± 1.77) were selected as sample. The subjects answered a survey slip comprising two questions in which they were asked to tick the most appropriate alternative according to their preferences.

Diagram-1



Out of 471 athletes 33% reported disliking for filling questionnaires where as 67% reported liking. One sample t-test was applied and the t-statistic was significant at the .01 critical alpha level, $t(471) = 7.855$ $p=.00$ respectively.

Diagram-2



In their response towards, honesty in filling up questionnaire, 59% reported being honest, 35% said that they never respond honestly and 6% proclaimed that they don't mind bluffing while choosing a response. The t-statistic was significant at the .01 critical alpha level, $t(471) = 5.551$ $p = .00$ respectively.

In this study even though the percentage of subjects who like filling questionnaires and who respond honestly is found to be significant, the percentage which reported disliking and dishonesty cannot be ignored as error of approximately 40% is clearly capable of tossing the inferences drawn up side down in any study and should not be trusted. Hence, with these results the researcher infers that there is a huge lagging in the established standards and the superficiality with which they are applied to many studies today, especially the work conducted by students and early career researchers.

Reliability v/s Personality

In Oxford English dictionary reliability or reliable is defined as “able to be dependent on or trusted, constant, faithful etc.” whereas on the other hand personality is defined as “the characteristics or qualities that form a person's character or nature or disposition. Hence, reliability is something which is a constant whereas personality is something which is dynamic. In other words, we are thinking that a method, with characteristics just opposite to the variable being tested is potent for obtaining trustworthy inferences and results. We are actually trusting studies which have flaw in the understanding of reliability in context of personality assessment. How personality which is so dynamic, complex and changeable could be evaluated with a method or tool which is just opposite to its basic nature.

DISCUSSION OF FINDINGS

Researchers have always trusted inferences of the most untrustworthy, assessed non-standard with methods which are standard, tried to evaluate things scientifically which till date

are posing challenges to scientists, tried establishing simple and static ways of assessment in lieu of capturing something which is so complex and dynamic.

I just don't think this way, a personality assessment tool which is scientific and assures being reliable cannot possess potential to capture the dynamism of human personality. Questionnaires like MBTI, EPI, MMPI etc. all might have shown promising performance when it comes to reliability and validity quotient, but if we test them on the basis of assessing the dynamism, changeability and complexity of human nature i.e. the 'true persona' of an individual they will surely fall far short of being successful.

CONCLUSION

Psychological measurement is obviously not much like physical measurement. If we measure the height or weight of an adult with a ruler, we have no reason to suppose that a second measurement will give us a different result, provided our measurements are not varied by factors such as meal eaten or ill health, which would have a good deal of bearing on subject's weight. This is the essential problem of reliability. For psychological characters, we can expect to find a good deal more fluctuation than we do with weight. People vary greatly in their motivation, their moods, and their feelings. These factors may have a greater or lesser effect, depending on what trait the test is measuring. In case of personality the results in a test is greatly affected by these irrelevant or, error, factors and how far it represents real or true persona.

The data we gather are very complex in the sense that there are many variables than we can exactly control. Thus, psychology is not, for the most of the part, like classical physics, in which experimental findings are highly reliable and can usually be stated in exact mathematical terms. This doesn't however; make psychology any less a science. It employs basically the same general methods as physics and follows the same quest for empirical truth.

Hence, it's our responsibility as a researcher to prevent from mere talking of test administration standards and instigate their application in our work. Because such deception is only going to make the understanding of personality further more complicated and multifarious.

The way we are conducting personality studies at present for the mere sake of being scientific is going to make our journey towards exploration of truth even more daunting. Studies are referred and generalizations are made. Repeated negligence in the administration gives results which relate positively but how sure can we be that they are actually truly related or they are showing relation because they both have missed the same technicalities in administration of the test. Hence, any personality or behavioral study must be assessed based on its administration standards.

Finally the researcher appeals that the way standard questionnaires form a compulsory part of a test administration process similarly we must agree upon a standard test administration battery without whose application a personality or behavioral study shall not be considered standard, scientific and complete.

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Role of Resilience on Perceived Stress among Pre University and Under Graduate Students

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ABSTRACT:

In a day to day life we come across many hassles in our life and these hassles sometimes becomes stressors. Adolescent is a period of transitional stage with physical and psychological development wherein they face many such challenges and stressors. It depends on the individual ability, cognition and frame of life which help him to cope with stressors. Thus it is psychological resilience that is an individual's ability to adapt to stress and hardship which determines his ability to cope with stress.

The aim of the present study was to examine the difference in perceived stress among Pre University and Under Graduate students, as well studying the relationship between perceived stress and resilience among Pre University and Under Graduate students. In order to examine the same within group and between group designs was adopted and null hypothesis was formulated. Sample size of 50 Pre university students and 50 Under Graduate students were administered with Resilience scale and Perceived Stress Scale. The data was statistically analyzed and results indicated Pre University students had high level of Perceive stress and low level of resilience and Under Graduate students had moderate level of Perceive stress and high level of resilience. 't' score of ($t = 4.63, p < 0.01$) indicated significant difference between Pre University students and Under Graduate students in perceived stress, and r score of ($r = -0.70, p < 0.05$) indicated negative relationship between Perceive stress and resilience. These findings indicated that Perceived stress is high among Pre University students compared to Under Graduate students; as well there existed a high negative relationship between Perceive stress and resilience.

According to literature review it is found that resilience is related to positive emotions and these positive emotions during stressful experience have adaptive benefits in coping with stress (Tugad et al, 2004). Empirical evidence on resilient individual who have good coping strategies concretely elicit positive emotions, like humor, optimism, goal oriented behavior (Bergeman et al 2006)

Thus this result paves the way for academicians, policy makers and educational intuitions to provide resilience training program as a part of their curricular, so that young adults and adolescents will have better stress management abilities.

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Keywords: *Perceived stress and Resilience.*

INTRODUCTION:

Stress is a psychological and physical response of the body that occurs whenever we must adapt to changing situations, whether those situations be real or perceived, positive or negative. The challenges which we generally face in our day to day life can be a stressor some times. It depends on person's ability and personality typology to deal with the stressful situations.

Perceived stress is the feelings or thought that an individual has, it says how much stress they are under at a given point in time or over given time period. (Encyclopaedia of behaviour medicine) Perceived stress is not about measuring the frequency of stressful events rather it's about how an individual feels about the general stressfulness of their life and their ability to handle such stress.

The main source of perceived stress among the adolescent students is their examination/ Academic stress.

According to research evidence Students may feel stressed, by their own high academic expectations. Apart from this there are many other factors which tend to influence and make them feel even more stressful such as parents, teachers, school administrators influence (Lee & Larson, 2000; Schoolland, 1990; Verma & Gupta, 1990; Verma et al., 2002).

A large body of research suggests that parents have a particularly strong influence on their child's education in different manners. Studies have found that parents have high expectations for their child's future, hold positive beliefs about their child's abilities, and involve themselves in their child's education (Eccles, Jacobs, & Harold, 1990; Jodl, Michael, & Malanchuk, 2001).

According to 2012 National Crime Records Bureau figures show India's suicide rate has risen 11.4 per cent a year for 10 years. According to 2012 estimate, 2% of suicides is due to failure in examination and in terms of gender more number of male are involved in suicide compared to female and this include people between 15 and 29. WHO lists suicide among the top three causes of death in the age group 15-35. The motive when students kill themselves is invariably academic pressure – these accounts for 99 per cent suicides in the age group 12-18.

Research review indicated that there is a relationship between perceived stress and their academic achievement (Inam et al 2011), (Sandler 2001), (Talib et al 2012) and (Gaber et al 2012) few studies also reported that there is negative correlation between perceived stress and academic achievement (Sander et al 2002) and (womble 2003)

Studies have found that resilience act as a one of the stress management technique by building positive emotions and coping strategies among the trainees. (Bergeman et al 2006)

What is Resilience?

The term resilience stems from Latin (resiliens) and was originally used to refer to the flexible or elastic quality of a substance (Joseph, 1994).

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Psychological resilience is defined as an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, or workplace and financial stressors, among others (APA 2014)

Hopf.S.M. opines that Resilience is generally considered as a “positive adaptation” after a stressful or adverse situation. In other words, resilience is one's ability to bounce back from a negative experience.

According to Benard (1995) research resilient children have four attributes in common:

Social Competence: Ability to obtain positive responses from others, thus these children has positive relationships with both adults and peers

Problem-solving skills: Planning that facilitates seeing oneself in control and resourcefulness in seeking help from others

Autonomy: these children will possess a sense of identity and an ability to act independently.

A sense of purpose and future: these children's are Goal oriented with educational aspirations, persistence, hopefulness, and have a sense of a bright future.

Research have showed that being resilient will helps adolescent to achieve better in their academics (Lee 2009) and there is a positive relationship between resilience and academic achievement (Hanson and Austin 2003)

REVIEW OF LITERATURE:

K. S Tung et al 2014 study on Effect of resilience on self-perceived stress and experiences on stress symptoms a surveillance report aimed to examine the level of perceived stress, emotional syndromes and quality of life among students indicated that personal resilience affect the level of perceived stress experienced, and in turn affecting students' general well-being and hence, quality of life. This study concluded that, a high level of stress and psychological symptoms was associated with poor personal resilience in withstanding stress, as well as poor quality of life and general health among students.

Study by A. Abolghasemi 2010 on Resilience and perceived stress: predictors of life satisfaction in the students of success and failure aimed to determine the relationship between resilience and perceived stress with life satisfaction in the students of success and failure. The results showed that resilience and perceived positive stress are positively related to life satisfaction in the students of success and failure ($P < 0.01$). Also, perceived negative stress is negatively related to life satisfaction in the students of success and failure ($P < 0.01$). The results also indicated that increase of resilience and decrease of stress leads to more satisfaction indicating better and developed resources for living well.

Study by Olivia Solomon 2013 on Exploring the relationship between perceived stress, resilience and academic achievement on 162 students indicates negative relationship between perceived

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stress and academic achievement and resilience and positive relationship between resilience and academic achievement. It was also found that perceived stress and resilience together predicts Academic achievement. Thus low perceived stress and high resilience leads to high academic achievement.

Study by E. Wilks on Resilience amid Academic Stress: The Moderating Impact of Social Support among Social Work Students was to examine the relationship between academic stress and perceived resilience among social work students, and to identify social support as a protective factor of resilience on this relationship on 314 social work students (BSW=144; MSW=170) showed that moderate levels of academic stress and social support, and a fairly high level of resilience. Academic stress negatively related to social support and resilience. Social support positively influenced resilience. Academic stress accounted for the most variation in resilience scores. Friend support significantly moderated the negative relationship between academic stress and resilience.

Study by A.Singh et al 2013 on a descriptive study of perceived stress among the North Indian nursing undergraduate students reveals that, the mean perceived stress score of all 282 students was 28.67 (SD = 5.32), with a median of 26 (IQR = 22-34). Female students had more perceived stress score (31.33) than male students (26.01). The maximum mean perceived stress score (29.66) was observed in 2nd year students, and the least mean perceived stress score (26.28) was found in 3rd year students. Thus this study indicates high levels of psychological disturbance among nursing undergraduate students in the middle phase of the course.

Theoretical Framework:

Garmezy's (1991) triadic model of resilience provided a widely accepted ecological framework for understanding the resilience process. The triadic model described the dynamic interactions among risk and protective factors on three levels (individual, family, and environmental). The model also emphasized that resilience is a process that empowers individuals to shape their environment and to be shaped by it in turn.

Theory of Internal- External Locus of Control by Rotter(1954) is related to Resilience, person with Internal locus of control have the qualities like Hopefulness, and Optimism which is related to life purpose and planning ability (Rotter,1954). Resilient individuals have more internal locus of control (Campbell, Converse & Rodgers, 1976; Luthar, 1991; Murphy & Moriarty, 1976; Parker, Cowen, Work, & Wyman, 1990; Werner & Smith, 1992) and are more hopeful about their ability to create positive outcomes for themselves and others.

Thus it's clear from the above theoretical framework that perceived stress in one's life leads to negative orientation towards life which will not permit him to fight against stressful situation and makes the individual less Resilient.

Need for the study:

The main intention of the study was to analyze if perceived stress and resilience is related, if so in what direction and the study is focusing on knowing about levels of perceived stress and levels of resilience among PUC students and Degree students. Since not many studies are done in terms of comparing PUC students with Degree students in Indian context, the present study is initiated.

METHODOLOGY:-

Objective:

1. To study the level of perceived stress among Pre University and Under Graduate students.
2. To study the level of Resilience among Pre University and Under Graduate students
3. To study the relationship between perceived stress and resilience among Pre University and Under Graduate students.

Hypothesis:

1. There is no significant difference between perceived stress among Pre University and Under Graduate students.
2. There is no significant difference between Resilience among Pre University and Under Graduate students.
3. There is no significant relationship between perceived stress and resilience among Pre University and Under Graduate students.

Sample:

50 Pre university students and 50 Under Graduate students were selected from Bangalore city.

Inclusion criteria:

Those students who are studying PUC and Degree were included for the present study.

Students belonging to Bangalore city were selected for the present study.

Exclusion criteria:

Other professionals course students like engineering, medical course students were excluded for the present study.

Students from other cities were excluded for the present study.

Materials:

In the present study following material is used.

Description of the tool:

Name of the inventories and authors	Description of the tool
Perceived stress scale Sheldon Cohen	Contains 10 items with 5 point rating scale obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items (items 4, 5, 7, & 8)
Resilience scale M.Wagnild & Heather M. Young	Contains 25 items with 7 point rating scale with the maximum score of 175 and minimum score of 25.

Analysis of results

Appropriate descriptive and inferential statistical analysis was used.

Table 1 shows total, mean and standard deviation of the Pre university students

	PSS	RS
Total	1675	5782
mean	33.5	115.64
SD	4.05	6.3

Table 2 shows total, mean and standard deviation of the under Graduate students

	PSS	RS
Total	926	7562
mean	18.52	151.24
SD	4.82	10.03

Table 3 showing relationship between variables

<i>Variables</i>	<i>Statistical Value</i>	<i>Results</i>
<i>Perceived Stress& Resilience</i>	$r = -0.70$ ($p < 0.05$)	<i>Significant Negative Relationship</i>
<i>Variables</i>	<i>Statistical Value</i>	<i>Results</i>
<i>Perceived Stress</i>	$t = 4.63$ ($p < 0.01$)	<i>Significant</i>
<i>Resilience</i>	$t = 2.40$ ($p < 0.05$)	<i>Significant</i>

HYPOTHESIS TESTING:

Hypothesis 1

1. Ho: There is no significant difference between perceived stress among Pre University and Under Graduate students.

The “t” values show that there is a significant difference among Pre University and Under Graduate students in levels of perceived stress. The null hypothesis is rejected and research hypothesis is accepted. It is concluded that there is a significant difference in perceived stress among Pre University and Under Graduate students.

Hypothesis 2

2. Ho: There is no significant difference between Resilience among Pre University and Under Graduate students.

The “t” values show that there is a significant difference among Pre University and Under Graduate students in levels of Resilience. The null hypothesis is rejected and research hypothesis is accepted. It is concluded that there is a significant difference in Resilience among Pre University and Under Graduate students.

Hypothesis 3

3. Ho: There is no significant relationship between perceived stress and resilience among Pre University and Under Graduate students.

The coefficient of correlation value ($r = -0.70$) shows that there is a significant negative relationship between Perceived Stress & Resilience of the respondents at 0.05 level. The null hypothesis is rejected and research hypothesis is accepted. It is concluded that Resilience is one of the factor in determining the level of Perceived Stress of the respondents.

RESULTS:

Table 1 shows the mean scores and SD scores of two variables of Pre university students. Accordingly majority of the respondents had a high level of perceived stress and low level of resilience. The mean score of the respondent is 33.5 with the S.D of 4.05 in Perceived stress and the mean score of the respondent is 115.64 with the S.D of 6.3 in resilience

Table 2 shows the mean scores and SD scores of two variables of Under Graduate students. Accordingly majority of the respondents had a moderate level of perceived stress and high level of resilience. The mean score of the respondent is 18.52 with the S.D of 4.82 in Perceived stress and the mean score of the respondent is 151.64 with the S.D of 10.03 in resilience

Table 3 shows the relationship between the variables. Accordingly The coefficient of correlation value ($r = -0.70$, $p < 0.05$) shows that there is a significant negative relationship between Perceived Stress & Resilience of the respondents at 0.05 level. The t – test value ($t = 4.63$, $p < 0.01$) shows that there is a significant difference among Pre University and Under Graduate students in levels of perceived stress at 0.01 level. The t – test value ($t = 2.40$, $p < 0.05$) show that there is a significant difference among Pre University and Under Graduate students in levels of Resilience at 0.05 level

DISCUSSION:

The study aimed to analyze the difference in perceived stress among Pre University and Under Graduate students, as well studying the relationship between perceived stress and resilience among Pre University and Under Graduate students. The study found that there is a significant difference in Resilience and Perceived Stress among Pre University and Under Graduate students. Pre University students have shown high level of perceived stress and low level of Resilience and Under Graduate have shown low level of perceived stress and high level of Resilience

The study also found that Resilience influences the perceived stress i.e. if the Resilience level is low the perceived stress will be high and vice versa.

CONCLUSION:

The analyzed and interpreted findings of the study have led to the following conclusions. There is difference in Perceived Stress and Resilience among the adolescents.

Care must be taken to enhance the coping mechanism among the adolescents so that the psychological health and psychological health can be improved

Resilience training, stress management, life skills and soft skills training should be a part of curriculum for the adolescents so that better coping abilities can be taught in early stages of life.

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Getting to Know Learning Disability and its Management

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ABSTRACT:

The study aims to give an essay type theoretical background about the perspectives and knowledge of the Learning disability. The study initialized by addressing the conception and discovery of Learning disability. It brings to our knowledge that the Learning disability is still misinterpreted, unapproved, misdiagnosed and mishandled. A sadder part is parents and teachers still struggle to notice the presence of disorders of learning disability in the child therefore they need a simplistic and convenient benchmark to know its existence. They need to have certain instructions to deal with academic difficulties and behavioural issues which arise out of the different disorders of Learning Disability: Dyslexia, Dysgraphia, Dyscalculia and Dyspraxia. In this context to understand and not to misjudge or label the child, there is a need to educate oneself through various organizations and meet ups with professionals of the field. Thus the current study has suggested some useful guidelines to identify the characteristics, common errors, direction for management and remediation of the Learning disability. On the whole people seem to be oblivious to such an Invisible disability. Also the study has analyzed the importance of teamwork around the Child with Learning disability which transforms into an optimistic circle thereby passing guidance and solutions to each other.

Keywords: *Learning disability; Dyslexia; Dyscalculia; Dysgraphia, Dyspraxia*

INTRODUCTION:

A child with learning disability struggles with brain's inability to receive process, store, respond and communicate information. Learning disability consists of number of disorders which usually co-morbid with problem in reading, writing, comprehension, mathematics and some of the behavioural-social-cognitive functions. It is also known by various other names Specific Learning Disabilities, Specific Developmental Disabilities, Developmental Disorder of Scholastic Skills, Academic Skills Disorder, Minimal Brain Dysfunction, and also recognized by its types Dyslexia, Dyscalculia, Dysgraphia and Dyspraxia. It is a childhood disorder which long last till you age. At every developmental stage a child will face numerous academic and non-academic expectations and for the child having any form of learning disability it would be a difficult task to tackle them independently.

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When such children are incapable of achieving the especially the academic goals they are frequently labelled as Lazy, Mischievous, Dumb, or Delinquent child. Parents and other family members would race through different kinds of emotional outburst when they finally realise something doesn't seem right in their child.

In this context, Larry B. Silver, M.D. (2010) said Learning disabilities are definitely School disabilities. However, it is equally critical for parents and for other adults who work with these children and adolescents to understand that Learning disabilities are also life disabilities. The same disabilities that interfere with reading, writing, and arithmetic also interfere with sports, and other activities with family life, and with getting along with friends.

Usually Teachers and Parents choose to ignore some of the major root causes of the significant underachieving performance of the child. It's very unfortunate when some of the real causes such as speech and hearing problem, low vision, neurological dysfunction, delayed developmental milestone, ADHD or poor eye-hand coordination are neglected. These 'HIDDEN' characteristics of Learning Disability are playing crucial role in interfering with the academic performances, behaviors and social skills among the children. One must keep in mind that a child having learning disability usually has intact average or above average intelligence. Teachers or professionals must be very careful while diagnosing these children, as many a time it is confused with slow learners or delayed academic achievers.

Discovery and recognition of Learning Disability:

Samuel Kirk (1963) had discovered the term Learning Disability and it is still used to describe children who have disorders in development in language, speech, reading and associated communication skills needed for social interaction. He also took precaution in not including children who were having mental retardation or any kind of sensory impairment (Blindness and Deafness).

According to The Learning Disabilities Association of America (LDA) Learning Disability includes the effect of the disability on self-esteem, education, vocation (job), and activities of daily living (ADLs).

The National Joint Committee on Learning Disabilities of USA (1994) stated Learning Disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, and mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (such as sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (such as cultural differences, insufficient inappropriate instruction, psychogenic factors), it is not the result of those condition or influences.

According to Sara Begum (2008) Learning Disabilities are problems that affect the brain's ability to receive process, analyze or store information. These problems can make it difficult for a student to learn as quickly as someone who isn't affected by learning disabilities.

SPECIFIC TYPES OF LEARNING DISABILITY:

Learning disability consists of different disorders namely Dyslexia which is a problem in reading, Dysgraphia which is a problem during writing, Dyscalculia which is a problem in mathematics and Dyspraxia which is problem motor functioning. Defining each one reflects the real nature of the underlying problems of a Learning Disability.

Dysgraphia: According to Johnson and Myklebust (1967) there are three types of writing disorders: Dysgraphia, Defective revisualization and formulation and syntax deficits. Dysgraphia was described as a visual motor integration disorder which interferes with the memory and execution of the motor patterns needed to write or copy letters, words and numbers.

Dyscalculia: Johnson and Myklebust (1967) stated arithmetic or mathematics may also be caused by an inability to revisualise numbers, an inability to form written numbers graphically, or an ability to remember instruction.

Dyslexia: In April 1968 the definition of Dyslexia was devised by World Federation of Neurology's Research Group on Developmental Dyslexia and World illiteracy, it stated "A disorder in children who, despite conventional classroom experience fail to attain the language skills in reading, writing and spelling commensurate with their intellectual abilities."

Dyspraxia: Often signifies general motor clumsiness. It is problem with sensory integration causing specific & significant impairment in motor skills such as Fine motor and Gross motor, and problems in daily life activities. It also affects the controlling of the pitch and articulation of voice.

According to ICD-10 (2010) and DSM-IV (1994) the disorders of Learning Disability is specified under different sections and headings with codes : Reading disorder (ICD-10 and DSM-IV codes: F81.0/315.00), Disorder of Written Expression (ICD-10 and DSM-IV-TR codes 315.2), Speech and language disorders can also be called Dysphasia/Aphasia (coded F80.0-F80.2/315.31 in ICD-10 and DSM-IV), Math disability (ICD-10 and DSM-IV codes F81.2-3/315.1) and Non ICD-10/DSM : Nonverbal learning disability and Disorders of speaking and listening

According IDEA (2004) a specific learning disability (SLD) is defined as A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or

motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

MANAGEMENT OF CHILDREN WITH LEARNING DISABILITY:

A handy criterion ascertaining Learning disability:

The breakthrough discovery of Learning Disability led to further search for the genuine characteristics which will denote the presence of learning disability among the children. Parents and Teachers needed a substantial knowledge or guidelines to determine the manifested problems in the different learning areas of the child.

Johnson and Myklebust (1967) gave guidelines for the teachers and parents that can follow to see if the child meets the legal definition of learning disability:

1. A score of 90 or above should be obtained in the performance of verbal areas of an intelligence test
2. Visual acuity deviations should not exceed 20/40 with corrections
3. Reduction in auditory acuity should not exceed a thirty to thirty five decibel loss with best correction
4. Only minor motor deficits should be observed
5. No primary emotional conflict should be observed

Thus these criteria were not sufficient enough to differentiate the learning disability so in 1976 it was proposed for addition of some specific criteria.

Before going into the in-depth diagnosis of the child an educator or parents can identify the presence of learning disability by observing that the child even after given an adequate assistance and having an average or above average intellect, tendency and age appropriate task given, he/she is not being able to perform any of the basic components of reading, writing and mathematics. Thereby a major gap between his performance and intelligence levels shows a sufficient hint of learning disability.

One must also exclude several conditions which do not distinguish a child having learning disability such as low level of Intelligence (I.Q.) , severe sensory and motor impairment (such as Visual Impairment, Hearing Impairment, handicapped, Cerebral Palsy), emotional and social problems as well as children from different backgrounds and situations who could also be a first learner of their family.

The characteristics and common errors of Learning Disability:

According to A. Kenneth Kavale (2001) the many vagaries associated with identification are the primary reason for the difficulty in deciding about the presence or absence of LD. The lack of rigor in the diagnostic process has led to an accelerated rate of LD identification and has led LD to become the largest category in special education.”

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The very first sign of learning disability that gets noticed is when the child starts his education. At home more often parents are confused about the mistakes done by their child during the activities of daily living, they would rather name it as a clumsy nature of the child. The situation becomes worrisome only when it starts hindering the child performances at school then eventually parents and teachers starts noticing and differentiating with what is normal and what is not.

It is a very common situation where a child doesn't have the courage to speak out his problems, so it becomes the duty of the teachers to see and check the errors in their Reading, Writing and mathematics as the initial and most common signs of Learning disability. Due to these problems a child sometimes isolate himself or becomes social deviants. Thus it is a group effort to work upon academics, social, emotional and behavioural issues all together at a same time.

Parents, siblings, teachers, relatives and even the neighbors can easily notice the existence of Learning Disability before going through a formal assessment or diagnosis. They can simply follow the underlying characteristics and common errors which are most commonly found among the children with Learning disability:

Characteristics	Dyslexia (Reading)	Dysgraphia (Writing)	Dyscalculia (Mathematics)
Problematic areas of academics mainly Dyslexia (Reading), Dysgraphia (Writing) Dyscalculia (Mathematics). Dyspraxia (problem in voluntary movements)	Errors with words, letters or syllables committed during reading process: Repetition, Omitting, Inserting, Inversion, Substitution, Reversals, Mispronunciation, difficult words unrecognized.	Errors committed during writing such as spelling, Hindi Matraas and conjunct letters are mistaken forgetting punctuations and reverses shapes and forms of the letters.	Errors during simple Mathematical operations Addition, Multiplication, Subtraction and Division. Unable to count without the help of fingers (Finger counting), Rote counting
Problem in language areas such a developmental delay of language leading to deficiencies of vocabulary, and other language disorders such as Receptive (Listening and Reading) and Expressive language (Oral and Written expression).	Difficult Reading style of child such as word by word reading, letter by letter reading, strained and high pitched voice, inappropriate pauses, confusion with punctuation, keeping a track by finger pointing.	Unable to plan, organize and write his own views, difficulty in explaining the sequence or describe things through writing. Inadequate	Confusion during place value, decimal, fraction, word problems, multiplication table, greater than-smaller than, ascending-descending, odd-even, Ordinal positions (First, Second, Third).

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Impaired structures of language such as Phonology, Syntactic, Semantic, Morphology and Graphic.	Loses place while reading, reads very slowly and confusion in part-whole relation of the words.	vocabulary and does grammatical, punctuation errors.	
Problematic behaviours such as Introvert, Isolation, hyperactivity, incomplete task, impatient, inattentive, unorganized, disoriented, low level of self-concept and self-esteem, bullying, truancy or delinquency, poor social relations and adjustment.	During and after the Comprehension reading the child has problem in identifying the main theme, basic facts and the sequence of the story.	Unclear and dirty handwriting, very small or very big text size, overlapping the letters, inadequate spacing or bigger space between words, skips the lines, downfall or upward of the end of the sentences.	<p>Unable to relate mathematical symbols with its symbols such as Plus (+), Minus (-), Multiply (\times) and Divide (\div), greater than (\leq) and smaller than (\geq) etc.</p> <p>Difficulty in understanding shape and size such as square, triangle, circle, tall-short, big-small etc.</p>
Distorted visual and auditory perceptions: Figure ground, Form Constancy, Discrimination, Closure, Space, Spatial relations, Memory, Sequential, Non-Sequential, Analysis, and Blending.	Reading errors due to nervousness, disorientation caused by perceptual problems, inability to understand the meaning, distractions, low exposure of sight words and new/difficult words.	Copying from blackboard and writing into notebook confuses, awkward grasping of pen or pencil, sitting style is not proper during writing; oral recitation or note taking confuses or delays the writing.	<p>Confusion during directions left-right, up-down, up-down problems when written in a single line or in a form of word problems.</p> <p>Digit reversals or confusion such as 4 9, 9 6, 2 5, 12 21.</p> <p>Cannot identify time and the minute, second and hour hand.</p> <p>Does not recognize roman numbers.</p>

Differential diagnosis and Assessment strategies:

Misdiagnosis is very hazardous for the child's future and his academic performances; it affects both parents and the child immensely. It is important that there is an early identification and early intervention for the Child. To declare the child having Dyslexia, Dyscalculia or dysgraphia one must try to have detailed and organized assessments strategies.

As Joseph J. Lazzaro (2001) stated when adults suspect that a child may have a Learning disability, the best course of action is to have the child evaluated by a professional. The evaluation process will involve standardized testing to compare the child's abilities against children of smaller age and intelligence.

There can be both formal and In-formal testing done by the professional but the important part is to rule in or rule out the conditions leading to the presence of learning disability.

Pointers to keep in mind:

1. Developmental aspects: Experts working upon the diagnosis must get case history of the developmental aspects and academics then mental age, Achievement age, and his social and behavioural activities age appropriate.
2. Original information: Sources of information must be very correct and authentic as this can serve a very important basis for diagnoses accordingly.
3. Elimination: Other factors which can also influence the academic achievement should also be ruled out such as proper testing of hearing, vision, speech, motor sensory and neurological functions.
4. Records: A proper medical check-up, clinical observation, detailed history of any disorders in the family and record of delayed milestone should be shown to the psychologist and special educators so that they can provide remediation.
5. Grade level assessment: It is mandatory to address the child's grade level performance so to give him remediation accordingly. For instance he may be in Grade 5th but his performance is of Grade 4th, thus this means a child had an ability of performing one grade lower but was struggling in higher grade level.
6. Subject wise assessment: Grade level assessment should always be done for all the subjects because it is not always that the child performs same in every subject. He may be affected either in one or more than one subjects and perform as of a lower grade level.
7. Intelligence test: Poor or below average general intelligence is never the co sequencing factor of learning disability one must rely on it only for comparing the discrepancy between his performance and the intelligence level.
8. Formal testing: Standardized tests are used for the Formal assessments which are done by trained professionals and the test results must be shown to the school authorities or organizations/centres (if enrolled). This result would be beneficial for the child as his school will try to accommodate itself accordingly to the child's needs.

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9. Informal Testing: The Informal assessment can be done by general teachers or Special educators; they need to have results from Criterion Tests, Assignments, and Teacher made test papers or curriculum based assessment through Class-test, Weekly test, Half-yearly examination or Yearly examination.
10. Perceptual Testing: Visual and Auditory perception must also be tested. Their performance in the different task will rule out their strengths and weakness over the perceptual grounds.
11. Specific and Curriculum based assessment: The Child must also be evaluated on the reading, writing and mathematical problems. This will give specific result denoting if the child having dyslexia, dysgraphia or dyscalculia.
12. Other test: There can also be testing done for Behavioural, Social-Emotional, Personality and Relationship.
13. Learning styles: Try tapping the Learning style of the child. A child can be a visual learner, auditory learner, kinesthetic learner or a tactual learner.

Providing Remediation and using Teaching Learning Materials:

To tackle with different forms of problems of Learning disability there is an urgent need of implementing Modification, Accommodation, and Preparation of resources to meet Child's Individual needs. Therefore a basic and most important step is to prepare INDIVIDUALISED EDUCATION PROGRAMME (IEP).

As Joseph J. Lazzaro (2001) pointed about IEP; he said that The INDIVIDUALISED EDUCATION PROGRAMME is written agreement that describes the nature of the disability and the recommended technologies and services. The agreement is drawn up between the parents of the individual and the educational team at the school.

IEP is prepared for every child with any form disability; it gives appropriate education and training layouts. Its preparation needs information from a reliable sources and input from trained specialist. It always has to cover the developmental aspects of the child so thereby need to include General Physician/paediatrician, Physiotherapy, Occupational therapist, Special educator, Speech therapist, Audiologist, Psychologist.

Corrine E. Kass, Cleborne D. Maddux (2005) mentioned that "The IEP must be based on a comprehensive assessment by a multidisciplinary team. The team must include at least one teacher or other specialist with knowledge in the area of suspected disability. This member of the team, at least should access academic achievement."

The structure and components of IEP is:

1. Background Information	<ul style="list-style-type: none"> • Family background • Number of siblings • Socio-economic status • Prenatal-perinatal-postnatal history • Developmental Milestone • History of any Disease or Disability • Any member addicted to Smoking/Alcohol/Drug
2. Assessments	<ul style="list-style-type: none"> • Formal assessments (I.Q test, Achievement test, Behavioural screening, specific reading, writing and maths test) • Informal Assessments (Auditory and Visual Perception test, Oral test, Observation schedule, Rating Test, Curriculum based Assessment, Interview and check-list) • Grade level Assessment • Current level functioning (Motor Ability: Fine motor-Gross motor, Affective Behaviour, Cognitive skills, Social Skills, Language Development)
3. Setting up Goals	<ul style="list-style-type: none"> • Short-term Goals • Long-term Goals • Reasonable Goals • Time taken in achieving Goals • Extra assistance needed to achieve Goals: Parents, Teachers help, and Instructional help.
4. Smaller Targets	<ul style="list-style-type: none"> • Division/ Breakdown of the long term goals which are achievable through specific period of time(monthly, quarterly, half-yearly basis). • Whenever each objective is achieved, the child comes nearer to the long term Goal. • Teacher will lay out shorter a goal which needs the students to improve upon such as on their Academics, Behaviour, study habits etc. in a sequential pattern.

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<p>5. Teaching (Planning and Procedure)</p>	<ul style="list-style-type: none"> • Task Analysis: Breaking up task into smaller components. Difficulty level increases whenever the child achieves the task. Instructions are given prior to the execution of the task. • Substituting undesirable with desirable performances or behaviour can be also done through Shaping, Chaining, Prompting, Modelling, role models. • Different modes of instruction: Multi-sensory Approach, Role play, explaining with concrete and moving to abstract concepts. • Teaching Learning Material: Using Worksheets, Flash cards, Pictorial and Graphical representations, visual and auditory aids: Tape recorder, Over-head projector, Power point presentation (PPT), sand paper, chart-papers, colourful pens etc.
<p>6. Therapies and Counselling: (If necessary)</p>	<ul style="list-style-type: none"> • If child has any deficits in his Motor Ability/Social Skills/Language Development/Behavioural/Emotional/Health issues then he is given therapies and counselling. • Professional Input required by: Psychologist Occupational Therapy Speech Therapist Counsellor Doctors
<p>7. Terminal Appraisal/Examination/Test</p>	<ul style="list-style-type: none"> • Criterion referenced test: Child's performance will be compared with the already existing set of scores. • The result needs to be verbally explained and in terms of marks/scores/rank which can be easily understood and interpreted by the parents or other concerned person. • The process of scrutiny is prolonged task and needs feedback which can help the professionals to plan out for the future planning.

Precautionary Measures:

SharynNeuwirth (1993) stated that “Having a child with a learning disability may also be an emotional burden for the family. Parents often sweep through a range of emotions: denial, guilt, blame, frustration, anger and despair. Brothers and sisters may be annoyed or embarrassed by their sibling, or jealous of all the attention the child with LD gets.”

The carers of the Child with Learning Disability must be always prepared and be careful, about what they feel and say around the Child. Such cynical and demoralizing atmosphere may induce disruptive behaviour and failure to improvement. To create a healthy learning opportunity for the child one should Dilemmas and pessimistic attitude and start planning and structuring their lives to adhere to Child’s individual needs.

It is very well said by Jane Utley Adelizzi and Diane B. Goss(2001) “An ounce of prevention is worth a Pound of cure” when it comes to helping your child to succeed in school. There are many steps you can take to avoid the predictable crises that seem to occur with astonishing regularity in the lives of children and adolescents with learning disabilities. There steps involve creating a context within which children can function at their best.

What to “Say” and “Do”:

1. Special Education: Get the child under the special education programmes and have Individualized Education Programme prepared for him.
2. Inclusive Education: Let the child be in an Inclusive education set-up, where there is availability of resource rooms and special educators.
3. Accommodations: Preparing for accommodation by working on the strengths and accommodating the weakness.
4. Barrier-Free: Providing user friendly environment both in home and school. Removing barriers such noise, extra illuminations, proper sitting arrangements.
5. Technology: Having sufficient and necessary assistive and adaptive technology such as calculators, highlighters, magnifier, talking books etc.
6. Encouragement: It is very necessary, even if a child did a minor improvement he needs to hear positive remarks for further improvement and continuity of the task.
7. Reinforcement: Rewards should be given at every stage of improvement and not doing mistakes which can be in any form, such as material reinforces, gestures, patting on the back, token, praises and written remarks.
8. Social Skills: Improving social skills by making peer groups, role play, arranging outings and joining hobby classes.
9. Responsibility: Give responsibilities and show them you trust them by giving different task at home or school. This will evoke sense of responsibility in the child.
10. Innovations: Do innovative and creative form of teaching the educational or academic task. Such as using colourful or pictorial representation of the lessons, using flash cards, educational games to improve memory, vocabulary etc.

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11. Behaviour management: Trying behaviour modification techniques like Positive and Negative reinforcement, Changing Antecedents, Extinction or Ignoring, Time out, Overcorrection, Differential Rewards, Activity Scheduling, Contingency Contracting, Shaping Chaining, Modelling, Prompting.
12. Helping: Provide Supervision and Guidance for task completion, prompting, giving cues and eventually withdrawing it to help them work independently and effortlessly.
13. Task management: Help them set up goals for themselves and target time to achieve it. Teaching Time concept, Money concept, hygiene, personal care, and Activities of daily Living (ADL).
14. Self-concept: Awareness of self should be taught by making them discover their strengths and weaknesses. Letting them know their changing developmental needs (puberty, adolescence, adulthood) and exploring their abilities.
15. Self-Esteem: Building his self-esteem and confidence by showing his progress to himself and to his parents. He can monitor his own progress as well as errors. Errors will be rectified immediately and progress will be appreciated.
16. Emotionality: Helping to be emotionally open by letting them write journals, make pen-friend or a peer pal with whom he can share his emotional state of mind.
17. Relaxation: Engaging them into activities for relaxation and to boost their creativity like Play therapy, Music Therapy, Art therapy or Yoga.
18. Alternatives: As Child with Learning Disability gets into higher classes, there are options for giving the year-end examinations through Distance-Correspondence Mode.
19. Non-Academic activities: Support will be given to Extra-curricular Activities, Hobbies, Sports and exposing much to Vocational Training.

Teamwork to manage the child with Learning Disability:

A child with learning disability needs an effort and input from all over his surroundings. At home parents and siblings need to pay extra attention and not compelling for task which they cannot perform. Moreover relatives and neighbors should be aware of the child's problem so that they don't misjudge the child. If possible the child should be given counseling to resolve his social and emotional problems. Infact the child with learning disability can be enrolled in a special education centres so that they get special attention after their school hours. Most importantly teachers must be well acquainted with the child's strengths and try to work parallel with the weakness by bringing them to current grade level. Teamwork of people around him gives the child an encouragement and motivation to learn better. If needed the problem of the child can be well addressed to government agencies which can give them concession during their exams, exemption from certain papers and facilities such as provision of assistive and adaptive devices. A cross communication is necessary between the Professionals, Family members, Community people and Government organization has to be constantly available for the Child with Learning Disability. Each one needs to acquaint themselves with the past and current development of the child and they need to resolve the issues providing suggestion and innovation

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to each other. Exchange views with each other; discuss the latest Government provisions, Rights, Therapies and Organizations and institutions for special needs.



A holistic approach of teamwork by professionals and family members for the development of the Child with Learning disability

CONCLUSION:

This paper has reviewed the chaotic environment around the Child with Learning disability. It has been noticed how Parents usually get baffled when they realize that their child has a Learning disability. They often move on to the denial state; they are not ready to accept and believe that they their child is having a learning disability. Initially they put the blame on each other and try to escape from the reality. Thus this reluctant behaviour may lead to arousal of stress and anxiety levels. Eventually when the parents accept the fact then they turn into an over-fearing parents and start giving up hope on the child's future. These psychological states of emotions cultivate negative thoughts in the family. Their anxiety level would turn into anger or guilt, and furthermore making them over protective parents.

It is recommended that at this very moment it would be appreciated if at least one of the parents doesn't succumb to the negativity of the situation and try to focus on the strengths of the child. On one hand it is difficult for parents to cope up with the issue and on another the child with learning disability is in a state of commotion. He may not be able to understand his abilities and

inabilities and wouldn't be able to find the solutions independently. The Child with Learning disability is no less than any other child without learning disability; he needs acknowledgment and appreciation for what he is able to do.

There is also non-requirement of labeling the child with different negative remarks and Teachers must start having positive perspectives towards them. The cases of burnt-out are very common among the teachers especially around the Child with special needs. It may be a challenging task for the teacher to handle and pay special attention towards the Child with Learning disability minority in number among the majority of non-Learning Disabled in the single classroom. Therefore teachers need to be more patient and reduce strictness around them. What teachers need to do is to establish a non-threatening and conducive environment around the Child with Learning disability. She can make the special arrangements and accommodate the Child effectively.

Also before approaching the specialist and professional family member and educators are usually confused and take some careless decisions. Therefore specialist must take initiative to sensitize and prepare convenient as well as informative resources for everyone. To be able to handle such situations the paper has given some very easily understandable facts and management techniques for both layman and the people associated with the child with learning disability. Hence the solution is in one's own hand by taking three simple "R" initiatives Research-Read-Reach.

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Parenting Characteristics of Families of Adolescents with Bipolar Disorder

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ABSTRACT:

Aim: The aim of the study was to examine the parenting characteristics of adolescents with bipolar disorder.

Methods: Parenting style of 30 adolescents with bipolar disorder was assessed and compared with normal group of 30 adolescents. Multidimensional Parenting Scale was used for assessing parenting style.

Results: There were significantly lower levels of love, encouragement, acceptance, progressivism, democratism and higher levels of hate, rejection, autocratism, discouragement, conservatism and dependency found among families' of adolescents with bipolar disorder compared to the normal group.

Conclusion: Results of the present study indicate that there may be such factors related with parenting style which may have a significant role in the onset and course of bipolar disorders in child and adolescent population. Early identification and targeted interventions in these areas might be required for prevention, management, rehabilitation and preventing relapses of children and adolescents with bipolar disorders.

Keywords: *Bipolar disorder, parenting, adolescents*

INTRODUCTION:

A family has a most crucial and instrumental role in providing protection as well as nurturing services to the people. It plays a significant role in the healthy growth and development of human beings.

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For having a fruitful as well as contended life, every individual has to have an access to good parenting and optimum cares about the significant others especially at their growing age. Good family and parent child relations make healthy children and constitute overall public health. Though the influence of friends gains importance in adolescence, parents still continue to exert their influence in shaping the behaviors and choices of teens. Parent child relationships, parenting style and family functioning have well-documented effects on adolescent health and development (Singh & Singh, 2001). Studies (O'Leavy et al, 1999; Arrindell et al, 1983) have emphasized the parent, child attachments as a powerful marker variable for later adjustment as well as emotional and behavioral development of the child.

There are well documented evidence which established different associations between parenting style and different mental and behavioral disorders. Maladaptive and affectionless parenting strategies may exaggerate the chances for developing phobic anxiety disorders (Arrindell et al, 1983) and depression (Bryce et al, 2007) among child adolescent population. Low parental nurturing and aversive parental behavior during child rearing may both be associated with elevated risk for offspring personality disorders (Johnson et al, 2006). Parenting practices especially maternal discipline found to be predictive of externalizing behaviour problems of children in later life (Van Zeijl et al, 2007; O'Leary et al, 1999; O'Leary and Vidair 2005; Nix et al, 1999).

Though there are limited evidences the, existing findings regarding the parenting characteristics in child and adolescent bipolar disorders are contradictory. Different studies were used different tools for assessing the parenting styles of children and adolescents with bipolar disorder make it difficult to reach a common conclusion. Though in different measurements a positive association between impaired quality of parenting and bipolar disorders found in some studies (Neeren et al, 2008; Davenport et al, 1979; Geller et al, 2000), a number of studies did not find any significant difference (Joyce, 1984; Parker, 1979; Perris et al, 1986; Cook et al, 1999).

The existing uncertainty and inconsistency regarding the study findings about the parenting characteristics of parents of child and adolescents with bipolar disorders requires more attention and comprehensive assessments. The present study was planned in this context with an aim of examining the parenting characteristics of families of adolescents with bipolar disorder.

METHOD

Design, participants and setting

The present study was a cross sectional hospital based study conducted at the Child and Adolescent Psychiatric Unit of Central Institute of Psychiatry (CIP), Ranchi, India, within a time frame of 2008- 2010. The present study included 60 adolescents between the age range of 13 to 18 years, among which 30 were adolescents with bipolar affective disorder and 30 were normal adolescents. A written consent had been obtained from all the participants. The adolescents with bipolar disorder fulfilling the criteria for bipolar disorder, according to ICD- 10 – DCR (WHO, 1993), staying with the parents at least for the last two years and their families were selected from the Child Psychiatric Unit of Central Institute of Psychiatry, Ranchi by using purposive sampling. The adolescents without bipolar disorder and their families were selected from a school in the nearby locality. The patients with comorbid mental illness, neurological disorders, chronic physical illness, physical disabilities and family history of mental illness among first degree relatives were excluded from the study and the same exclusion criteria along with presence of any kind of mental illnesses had been applied to the normal group.

Measures

A socio-demographic and clinical data sheet was designed for the present study for recording socio-demographic and clinical variables like age of onset, duration of illness, family history and clinical characteristics.

Multidimensional Parenting Scale (Chauhan and Khokhar, 1985) used in the present study for assessing the parenting style of the parents of the subjects. The scale which uses Hindi language, has 56 items measures in the two ends of the seven dichotomous dimensions, namely hate v/s love, discouragement v/s encouragement, rejection v/s acceptance, dependence v/s independence, autocratism v/s democratism, submission v/s dominance and conservation v/s progressivism representing negative and the positive dimensions of parenting. A higher score in the positive domains indicates more desirable parenting and in the negative domains higher score indicates deviant parenting. A score below 40 in positive domains and above 60 in negative domains are given as the cutoff scores. Any one of the parent who are available requested to fill the questionnaire.

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General Health Questionnaire (Goldberg & Hiller, 1979) was used in the study for screening normal participants and those scored 3 or more were excluded from the study.

Statistical analysis

The Statistical Package for Social Sciences (SPSS) 13.0 for windows was used for statistical analysis. Descriptive statistics were used for analyzing discrete and continuous variables. Chi square test was used for comparing categorical variables and student t- test for continuous variables.

RESULTS

Table 1 shows the details of the socio demographic characteristics of the subjects. 66.7% of the patient group and 60% of normal group were males with an average age of 15.7 ± 1.17 years and 15.2 ± 1.21 years respectively. The average duration of illness was 3.05 ± 1.21 years. Majority of the respondents were from Hindu religion (86.7% & 70%) with an education of below matriculation level. Most of the respondents were students from rural, low socio-economic families without any family history of psychiatric illness.

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Table 1 - Socio demographic characteristics

Variable		Group		X ² /t	df	P
		Patient N (%)/ Mean ± sd	Normal group N(%)/ Mean ± sd			
Age (in years)		15.7 ± 1.17	15.2 ± 1.21	1.54	58	.128
Sex	Males	20 (66.7)	18(60)	.28	1	.395
	Females	10 (33.3)	12(40)			
Religion	Hindu	26(86.7)	21(70)	2.45	1	.105
	Non- Hindu	4(13.3)	9(30)			
Education	Below matric	22(73.3)	23(76.7)	.08	1	.500
	Matric and above	8(26.7)	7(23.3)			
Residence	Rural	29(96.7)	25(83.3)	2.96	1	.097
	Urban	1(3.3)	5(16.7)			
Occupation	Nil	3(10)	0	3.15	1	.119
	Students	27(90)	30(100)			
Family income	Below Rs. 5000/	24(80)	20(66.7)	1.36	1	.191
	Above Rs.5000/	6(20)	10(33.3)			
Diagnosis	BPAD- M	29 (96.7)				
	BPAD- DEP	1(3.3)				
Duration of illness (in years)		3.0 ± 1.21				
Family history of psychiatric illness	Present	11(36.7)	6(20)	2.05	1	.126
	Absent	19(63.3)	24(80)			

Note: BPAD-M: bipolar affective disorder, last episode manic

BPAD-DEP: bipolar affective disorder, last episode depressive

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Table 2 shows details of the results of Multidimensional Parenting Scale. Majority of the families in both groups fall under normal range according to the cutoff scores, but there was a significant difference found in the score ranges between the two groups in many of the sub domains. In positive domains prominent differences found in the in the areas of love ($p < .001$), encouragement ($p < .01$), acceptance, progressivism and democretism ($p < .05$). In the negative domains a $p < .001$ level of significant difference found in the areas of rejection, conservatism and dependency and $p < .01$ level significant levels of differences were found in the areas of hate, discouragement and autocratism.

Table 2 **Comparison of Results of Multi Dimensional Parenting Scale between patient and normal group**

Dimensions		Patient group Mean score ± sd	Normal group Mean score ± sd	t-value	Df	P value
Positive dimensions (<40 showing deviant parenting)	Love	47.53 ± 5.34	52.46 ± 4.56	-3.84	58	.000***
	Encouragement	47.60 ± 5.92	51.53 ± 5.29	-2.98	58	.004**
	Acceptance	48.13 ± 8.11	52.66 ± 5.07	-2.59	48.65	.013*
	Progressivism	46.06 ± 6.87	49.80 ± 6.48	-2.16	58	.035*
	Democretism	50.93 ± 8.39	55.26 ± 7.26	-2.13	58	.037*
	Independence	43.66 ± 9.70	47.40 ± 8.82	-1.56	58	.124
	Dominance	52.00 ± 7.53	52.80 ± 6.42	-.44	58	.660
Negative dimensions (>60 showing deviant parenting)	Hate	54.33 ± 6.80	49.40 ± 5.66	3.05	58	.003**
	Rejection	58.93 ± 7.82	52.33 ± 5.46	3.79	58	.000***
	Autocratism	50.00 ± 8.48	44.00 ± 8.94	2.66	58	.010**
	Discouragement	55.73 ± 5.93	51.40 ± 5.30	2.98	58	.004**
	Submissiveness	56.46 ± 9.34	54.06 ± 6.52	1.15	58	.254
	Conservatism	58.86 ± 7.85	50.20 ± 8.76	4.03	58	.000***
	Dependency	58.73 ± 5.90	51.33 ± 7.05	4.40	58	.000***

* - significant at .05 level, ** - significant at .01 level, *** - Significant at .001 level

DISCUSSION

The current study assessed the parenting style of the parents of 30 adolescent patients with bipolar disorders and the normal group by using the Multidimensional Parenting Scale (Chauhan & Khokhar, 1985), which is a 56 item self reporting questionnaire in Hindi language. It is the reason for selecting this measurement for the current study, as the majority of the beneficiaries who are attending the child and adolescent unit of Central Institute of Psychiatry are Hindi speaking. It identifies seven qualities for ideal or positive parenting such as love, encouragement, acceptance, independence, democratize, dominance and progressivism. The undesirable characteristics measures by the measurement are hate, discouragement, rejection, dependence, autocratism, submission and conservatism. In positive domains, a score below 40 indicates deviant parenting and in negative domains a higher score than 60 indicates deviant parenting on the basis of cutoff scores.

As the Table 2 shows in both of the positive and negative domains, the mean score of both groups was coming under normal functioning on the basis of cutoff scores. But one cannot ignore the fact that there is a big difference between the score ranges of both group. The differences between score range has been suggesting a definite lacking of parental love, encouragement, acceptance, progressivism and democratize for the clinical group in the positive domains. It is clearly indicating that the children with bipolar disorder lacking love and encouragement in significantly greater levels compared to the normal group. It is also evident from Table 2 that the parents of bipolar patients has shown higher levels of hate, rejection, autocratism, discouragement, conservatism and dependency compared to the normal group.

Previous studies also investigated about the relationship of parenting and Bipolar disorders in different aspects by using different tools and malfunctioning in multiple domains has been observed. Lower levels of acceptance, warmth, higher levels of negative psychological control and greater levels of emotional maltreatment from both parents of children with bipolar disorders and greater levels of physical maltreatment by mothers found in an earlier study by Neeren et al (2008). Adverse life events in the forms of maltreatment especially from divorced or separated parents are found to be more common among pediatric Bipolar patients in another study (Marchand et al, 2005). Repetitive maladaptive patterns of avoidance of affect, unrealistic standards of conformity and displaced parental low self-esteem were found among children with bipolar disorders by Davenport et al (1979) in structured interviews. A significantly greater

impairment on maternal–child warmth, maternal–child and paternal–child tension found among 7–16-year-old patients with bipolar disorders than compared with Attention Deficit Hyperactivity Disorder and normal community controls by Geller et al (2000). Interestingly the only maternal side found to be impaired in the study by Rosenfarb et al (1994), in which bipolar patients reported less maternal affection and attachment with mothers than normal control, but did not differ from controls on paternal affection and attachment.

Though some studies found no significant difference of parental characteristics of bipolar children and a control group (Joyce, 1984; Parker, 1979; Perris et al, 1986; and Cook et al, 1999) many studies found significant problems in terms of deviant parenting among families of children with bipolar affective disorder (Neeren et al, 2008; Davenport et al, 1979; Geller et al, 2000; Rosenfarb et al, 1994). A cumulative exposure to adverse childhood experience including physical abuse, sexual abuse, parental mental illness, loss of parent, parental separation or divorce, witnessing domestic violence, and placement in foster or kinship care were found to be contributed to worse mental and physical health and functional outcomes among adults with severe mood disorders (Lu et al, 2008). The role of uncontrollable childhood stressful events have been emphasized in a study by Grandin et al (2007), whereas the role of genetics has been highlighted by Mortensen et al (2003) than the familial risk factors in relation with the risk of bipolar disorders.

The variations and differences in the measurements and differences in considering certain level and aspects for defining deviant parenting may be a reason for the differences between different studies. Again the little availability of studies specifically in the area also limiting the scope for a generalized enquiry in terms of culture, country, region, social class etc. in relation with parenting style of families of children with bipolar disorders. Although we cannot make a conclusion that the problems relating to parenting are the ultimate cause for the onset of various psychiatric problems, because like in the present study the evaluations have been carried out during the course of the illness in most of the studies. The deviant parenting may be an outcome of illness too. But it is sure that these factors will affect the treatment and aftercare of children with bipolar disorders. Joyce (1984) and Cooke et al (1999) opined that family environment and parenting characteristics were associated with the severity and course of the disorder. Hence as a part of the comprehensive management and rehabilitation plan for the children and

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adolescents with bipolar disorders, it is very important to understand the deficits and challenges relating to the parenting style of each individuals as the parents are the only care takers available mostly for the people in the child and adolescent group.

The small sample size of the present study may reduce the generalization of the study findings. It is lacking the representation of all subcategories of bipolar affective disorder, as most of the respondents in the patient group were diagnosed with bipolar affective disorder manic type. The majority of the participants were male in the present study and most of the respondents belonged to low socioeconomic status from rural areas. Due to limited sample frame and lack of time, the socio- demographic variables was not uniform in all areas of the clinical group and normal group. There may be a relationship between the number of episodes, relapses and the study variables, which were not addressed in the present study.

CONCLUSION

Parent child attachments and parenting style has been widely discussed in significance with various psychiatric disorders. But the relationships between early onset bipolar disorders and parenting style have never been studied adequately. Although the results are contradictory, most of the studies show the importance of parenting style with respect to the early onset bipolar disorders. The results of the present study indicate that there may be such factors related with parenting style which may have a significant role in the onset and course of bipolar disorders in child and adolescent population. Early identification and targeted interventions in these areas might be required for prevention, management, rehabilitation and preventing relapses of bipolar disorders among children and adolescents.

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Conflict of interest

Nil

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Effectiveness of Cognitive-Behavioral Therapy (CBT) on Quality of Life (QOL) and Worry in Patients with Generalized Anxiety Disorder (GAD)

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ABSTRACT:

Generalized Anxiety Disorder (GAD) is one of the most common anxiety disorders. It has been reported that psychological treatments like Cognitive-Behavioral Therapy (CBT) is effective for patients with GAD. The purpose of the present research was to investigate the effectiveness of CBT on Quality of Life (QOL) and worry in patients with GAD. A sample of 30 patients with GAD who had been referred to psychiatry offices in Isfahan, Iran were selected and assigned into an experimental group (n=15) and a control group (n=15) randomly. The experimental group received CBT in 8 weekly sessions. All participants completed the World Health Organization Quality Of Life-Brief (WHOQOL-BREF) questionnaire and the Penn State Worry Questionnaire (PSWQ) at pretest, posttest and follow up. The results of MANCOVA showed that the mean scores of QOL in the experimental group was significantly higher than the control group at the posttest and follow up ($P<0.05$) and the mean scores of worry in the experimental group was significantly lower than the control group at the posttest and follow up ($P<0.05$). It is concluded that CBT can be applied for the patients with GAD as a useful psychological treatment. In general, CBT can improve QOL and decrease worry in patients with GAD.

Keywords: *Generalized Anxiety Disorder (GAD), Cognitive-Behavioral Therapy (CBT), Quality of Life (QOL), Worry.*

INTRODUCTION:

Generalized anxiety disorder (GAD) is one of the most common anxiety disorders accounting for 12% of presentations at primary care clinics (DSM) (Wells and Carter, 2001). The lifetime prevalence of GAD in general population is 4-7% (Allgulander et al, 2003).

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Effectiveness of Cognitive-Behavioral Therapy (CBT) on Quality of Life (QOL) and Worry in Patients with Generalized Anxiety Disorder (GAD)

Many researchers such as Palahang et al (1996) and Kavyani et al (2003) have been demonstrated that GAD is the most common anxiety disorder in Iran.

GAD is characterized by anxiety, tension, and chronic and persistent worry (APA, 2000). Worry is a central feature of GAD and it is experienced as excessive and uncontrollable (Wells and Matthews, 1996). The frequent and persistent worry and anxiety in GAD is out of proportion to the impact of the event or circumstance that is the focus of the worry (APA, 2000).

GAD is associated with significant distress and physical and psychosocial impairment (Kessler et al, 2004). The essential features of GAD include restlessness, fatigability, difficulty concentrating, irritability, muscle tension and sleep disturbances (Culpepper, 2002). In persons with GAD the prevalence of divorce and unemployment is more than the general population (Roberge et al, 2004). These factors may affect the Quality of Life (QOL) and its domains.

QOL is the general well-being of individuals and societies. QOL has a wide range of contexts, including the fields of international development, healthcare, politics and employment. QOL should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the QOL include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging (Gregory et al, 2009., Nussbaum & Sen, 1993).

WHO defines QOL as individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment. The persons with GAD have a lower QOL than the general population. The problem is often lifelong and only 50% of patients improve (Fisher & Durham, 1999). Because of the chronic course of GAD, it is unlikely to remit without treatment (Yonkers, 1996).

Effective treatment of GAD can be achieved with both pharmacological and non-pharmacological approaches (Culpepper, 2002; Gorman, 2003). Although the response to pharmacological treatment among subjects with anxiety disorders is rapid, but the high rate of relapse (Fava, 2005) and a lack of data about long-term wellbeing of patient are the main problems of this treatment (Roy-Byrne et al, 2005). It has been shown that two thirds of patients remain symptomatic after pharmacological intervention (Clark & Fairburn, 1997). In the few last

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decades attention has been paid towards psychological treatments (Brown et al, 1994). Many studies have been showed that psychotherapy is a reliable alternative to pharmacotherapy in order to decrease anxiety. According to several findings psychological treatments such as Cognitive-Behavioral Therapy (CBT), Metacognitive Therapy (MCT), Psychoanalysis and biofeedback can be more effective than pharmacological treatments for patients with GAD (Rygh & Sanderson, 2004). **Cognitive Behavioral Therapy (CBT)** has been applied effectively to a wide range of mental-health problems and is the most common psychological treatment for GAD (Borkovec et al, 2003). CBT is a psychotherapeutic approach based upon a combination of basic cognitive and behavioral approaches. CBT is based on the principle that psychological distress results from distortions and biases in the way an individual interpret events. These give rise to negative meanings and maintain and strengthen unhelpful beliefs. In addition the way an individual behaves can generate problems by interfering with effective problem solving, by disrupting self-regulation and by preventing exposure to corrective learning experiences. For example, avoidance of a feared object prevents a person discovering that the object presents no real danger and erroneous beliefs about harm remain unchanged and anxiety persists (Faramarzi et al, 2008). In CBT the therapist works with the client to examine and modify negative thoughts, biases and behaviors that underlie symptoms. Homework is a part of treatment and often consists of recording thoughts, changing patterns of behavior, activity scheduling, and conducting 'behavioral experiments to test distorted beliefs. CBT involves variety of techniques in order to decrease anxiety such as relaxation, systematic desensitization, cognitive restructuring, interpersonal skills, problem solving and etc (Rygh & Sanderson, 2004; Borkovec et al, 2003).

In relation to investigation and research about the effects of CBT on anxiety, it has been tried to use conducted researches as the scientific documents in this field. In recent years, the variety of studies has been shown the effectiveness of CBT on psychological disorders and decreasing anxiety and worry such as Leichsenring et al (2010) and Ladouceur et al (2007). In a reanalysis of data from six CBT outcome studies, Fisher and Durham (1999) reported a recovery rate across all treatments of 40% overall based on trait-anxiety scores (Spielberger et al, 1983). The researches which have been shown the effectiveness of CBT on QOL particularly in persons with GAD are less than which have been shown its effectiveness on decreasing anxiety. It seems that CBT can improve QOL through its cognitive and behavioral techniques. Therefore, the purpose

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of the present research was to investigate the effectiveness of CBT on QOL and worry in patients with GAD.

MATERIALS AND METHODS

Statistical population, sample and method of research

An experimental design was presented with an experimental group and a control group which were assessed at three different times: pretest, posttest and two-month follow-up. The statistical population of this research included the patients with GAD referred to psychiatry offices in Isfahan, Iran. Entrance criteria were: (1) primary diagnosis of GAD; (2) older than 20 and younger than 60 years; (3) no psychotherapy received for GAD; (4) no evidence of mental retardation, personality disorder, psychotic disorders, severe mood disorder, alcohol or drug dependence and other disorders in Axis I that needed special psychotherapy or pharmacotherapy. Based on these criteria, 30 patients were selected randomly. All patients signed informed consent. All referred patients were screened with a version of Persian SCID-I & II (Structured Clinical Interview for DSMIV Axis I and II disorders). At the end of the screening stage the patients were informed about the study. After screening and investigating of their situation for participating in the study, patients were assigned in two equal experimental group (CBT) and the control groups randomly ($n_1 = n_2 = 15$). Patients in experimental group received 8 group weekly sessions of CBT of 60–90 minutes duration. In each session the CBT techniques such as relaxation, systematic desensitization, cognitive restructuring, increasing clients' awareness of patterns of anxiety responding, function of emotions, interpersonal skills, problem solving and etc were used. Homework was a component of the treatment. Patients were also taught a variety of CBT practices and were encouraged to perform daily CBT practices. . After completing the treatment, all participants completed questionnaires in a joint meeting. After the two months of posttest, follow up test was conducted on both two groups. Control group remained on the waiting list until the end of follow up and then it received the same training.

MEASURES

Demographic questionnaire:

Demographic questionnaire has been designed by the researcher in order to control the variables of population such as age, sex, educational level, and marital status.

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World Health Organization Quality of Life-Brief (WHOQOL-BREF):

This scale was developed by WHO in 2001, and has been translated and standardized in Iran. This scale consists of 26 questions, and examines the quality of life of the test-taker from different aspects through Likert 5-grade scale. Two questions are to evaluate the overall feeling of the person over his/her life quality, and the rest of the questions assess the feeling and behavior of the test-taker in terms of physical health, mental health, social relationships, and community health in a period of last two weeks. Each of these aspects is assessed by 7, 6, 3, and 8 questions respectively. In most studies, the validity and reliability of the scale have been reported as acceptable. Nejaat et al. have reported the reliability of the physical health subscale as 0.77, 0.77 for mental health, 0.75 for social relationships, and 0.84 for community health using retest method. In order to investigate the significance of the difference between and among different groups in the areas of brain/behavioral systems, and quality of life, by means of multivariate analysis test (MANOVA) using SPSS-16 software. The significance level of the findings was set $p \leq 0.05$ (Najafi et al, 2014).

The Penn State Worry Questionnaire (PSWQ; Meyer et al, 1990):

The PSWQ is a 16-item measure that assesses the generality, excessiveness, and uncontrollability of worry without focusing on particular domains of worry. The reliability and validity of the PSWQ have been widely researched, and the instrument appears to have sound psychometric properties (Molina & Borkovec, 1994). This well-established measure of worry has been shown to have very good reliability (α of .86 to .93) and good test-retest reliability. It demonstrated adequate internal consistency at pre- ($\alpha = .77$) and post-treatment ($\alpha = .92$) (Brown et al, 1992).

Data analysis

Data analysis was done by SPSS version 16 software using MANCOVA. P-Value less than 0.05 were considered as significant.

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RESULTS

Table 1 showed demographic characteristics of two control and experimental groups.

Table 1. Demographic Characteristics of Control and Experimental Groups

Variable		CBT	Control
Age (year):	Mean (SD)	37.2 (7.9)	39.2 (6.1)
Sex:	Male: N (%)	6 (40)	5 (33.4)
	Female: N (%)	9 (60)	10(66.6)
Marital status:	Married	12(80)	11(73.4)
	Single	3(20)	4(26.6)
Educational level:	Middle school	2(13.3)	1(6.66)
	High school	4(26.6)	5 (33.3)
	University education	9 (60)	9 (60)

The means and standard deviations of the scores of dependent variables at pretest, posttest and follow up in the experimental group and the control group are presented in Table 2.

Table 2. Means and Standard Deviations (SD) of the Scores of QOL and Worry in Two Groups at Pretest, Posttest and Follow up

Variable	Group	Pretest Mean (SD)	posttest Mean (SD)	Follow up Mean (SD)
QOL	CBT	71.3 (5.4)	82.2 (6.1)	81.3(5.3)
	Control	72.8 (4.9)	73.1 (5.2)	72.4(4.7)
Worry	CBT	61.2 (5.4)	53.2 (6.1)	52.4(5.7)
	Control	62.4 (4.9)	63.1 (5.2)	62.6(5.6)

Based on table 2, there appears to be large differences between two groups at posttest and follow up stages. The mean scores of QOL in the experimental group have been increased in posttest and follow up, while this increase is not seen in the control group. Also the mean scores of worry in the experimental group have been decreased at posttest and follow up, while this decrease is not seen in the control group.

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The assumption of normality was not rejected by the Shapiro-Wilk test ($P > 0/05$). Also, the equality of population variances was not rejected by Levine's test ($P > 0/05$). The mean scores of dependent variables (QOL and worry) at pretest entered as covariate variables in MONCOVA model. Since conditions did not differ significantly in demographic characteristics, the MANCOVA was done without these variables. Analysis by MANCOVA used pretest scores as covariate variables effects on posttest and follow up.

The result of the analysis of covariance of the effect of group membership on QOL and worry scores is presented in Table 3.

Table 3. Analysis of Covariance of the Effect of Group Membership on Dependent Variables

Dependent variables	Variable	Sum of Squares	df	Mean Square	F	Sig.	Partial eta squared	Observed power
QOL	Pretest	189.7	1	189.7	53.9	0.001	0.33	0.94
	Treatment	1292.32	1	1292.32	129.32	0.002	0.51	0.94
	Pretest	176.4	1	176.4	48.7	0.001	0.38	0.91
	Follow up	1105.6	1	1105.6	111.8	0.001	0.42	0.91
Worry	Pretest	91.9	1	91.9	17.54	0.002	0.33	0.91
	Treatment	944.12	1	944.12	77.8	0.001	0.54	0.93
	Pretest	89.2	1	89.2	21.6	0.001	0.28	0.91
	Follow up	837.63	1	837.63	96.3	0.002	0.45	0.89

As can be seen in Table 3, CBT had a significant effect on QOL and worry scores. Group membership explained 51% of variance of QOL scores and 54% of variance of scores of worry

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at the post test, which was statistically significant ($p < 0.05$). Also, this result was maintained at two-month follow up. Group membership explained 42% of variance of QOL scores and 45% of variance of scores of worry at the follow up which was statistically significant ($p < 0.05$).

DISCUSSION AND CONCLUSION

The purpose of this research was to investigate the effectiveness of CBT on QOL and worry in patients with GAD. CBT was considered as the independent variable. The dependent variables were anxiety and QOL. Given the significant effect of CBT at posttest and follow up, the results seem promising. Results demonstrated that subjects in the CBT group experienced a significant decrease in their anxiety and a significant increase in their QOL following an 8-week CBT. Therefore CBT techniques can decrease the symptoms of GAD and improve the QOL.

Our results are consistent with some previous studies such as Fisher and Durham (1999), Gould et al (1997), Borkovec and Ruscio (2001), Dugas and Robichaud (2007), Heimberg et al (2004), Leichsenring et al (2010), Ladouceur et al (2007), Linden et al (2005), Warner et al (2009), Haby et al (2006), that reported the effectiveness of CBT on anxiety in patients with psychological disorders like GAD. These studies have been shown improvements in symptoms of GAD.

Psychological problems such as anxiety and depression can decrease the QOL. Therefore the techniques which affect and decrease these psychological problems can improve the QOL.

In this research CBT techniques such as relaxation, systematic desensitization, cognitive restructuring, interpersonal skills, problem solving helped patients to have a better copy with their disorder. For example cognitive exercises such as observing the association between worried thoughts, mood and behavior, the distortions and biases in the way an individual interprets events were introduced by the leader and subjects had the opportunity to practice the techniques in the form of homework assignments. Cognitive restructuring helped patients to recognize their unhelpful and maladaptive beliefs and thoughts and change them to more acceptable and more adaptive beliefs.

Also subjects were asked to practice the formal relaxation and meditation practices at least 30 min every day and to record their practices. Interpersonal skills and problem solving were applied too. These behavioral practices decreased the severity of somatic symptoms in patients.

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With using these cognitive and behavioral techniques patients learned to replace maladaptive coping skills with more adaptive one.

Continues using of CBT techniques after treatment lead to effective therapeutic outcomes at follow up. In total the cognitive and behavioral techniques which were used in this research decrease the anxiety and worry symptoms and improve the QOL in patients with GAD. In general CBT can be applied for the patients with GAD as a useful psychological treatment.

There were some limitations with the present study such as lack of other psychotherapy groups. Also the results are based on a relatively small number of cases and so caution should be used in interpreting the data.

The results of this study appear encouraging and support the continued evaluation of CBT, which should now be compared with other treatments.

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